

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005979

1. Entity Name

THE WOODS AT KING'S CREST HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

3485 W VINE ST
KISSIMMEE FL 34741
US

3485 W VINE ST
KISSIMMEE FL 34741-4668
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3282861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARENA MANAGEMENT GROUP INC
3485 W VINE ST
KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Tara D. Arena CAM *Tara D. Arena*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKER, KEN 1541 GRANDVIEW BLVD. KISSIMMEE FL 34744	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHOOLFIELD, CLARENCE 1673 REGAL OAK DRIVE KISSIMMEE FL 34744	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARNETT, CHERYL 1673 REGAL OAK DRIVE KISSIMMEE FL 34744	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KEVINATB REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 407 847-3099

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90022 001 ****61.25



DO NOT WRITE IN THIS SPACE