2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name

THE WOODS AT KING'S CREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address 40038440 101 PARK PLACE BOULEVARD 101 PARK PLACE BOULEVARD SUITE 2 SUITE 2 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3282861 Applied For Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL 101 PARK PLACE BLVD., SUITE 2 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34741 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signatural, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete nn f TITLE Change : Addition BARRON, THOMAS NAME NAME Barron, Thomas STREET ADDRESS 1505 JENNI LEE CT. STREET ADDRESS 1505 Jenni Lee Ct. CITY-ST-ZIP KISSIMMEE, FL 34774 CITY-ST-ZIP Kissimmee, FT 34744 🗷 Change TITLE ☐ Delete TITLE Addition EDWARDS, PHYLLIS NAME NAME Cheney, Ann STREET ADDRESS STREET ADDRESS 1503 JENNI LEE COURT 2200 Lange St. KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34744 Delete ☐ Change ☐ Addition TITLE TITLE NAME CHENEY, ANN NAME STREET ADDRESS 2200 LANGE STREET STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34774 CITY-ST-7/P -TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition BILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

SIGNATURE: LILL MALE TYPED OR PROMITED INDICE OF SIGNANG OFFICER OR DIRECTOR LINE (18) DECEMBER DESCRIPTION & DESCRIPTION OF THE PROPERTY OF SIGNAND OFFICER OR DIRECTOR