

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90128 003 ****61.25

1/1

DOCUMENT # N94000005979

1. Entity Name

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



Principal Place of Business

12 E MONUMENT AVE
KISSIMMEE FL 34741
US

Mailing Address

12 E MONUMENT AVE
KISSIMMEE FL 34741
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D & F MANAGEMENT, LLC
12 E MONUMENT AVE
KISSIMMEE FL 34741

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	REINDL, MARK	
STREET ADDRESS	2254 JESSICA LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VPO	☒ Delete
NAME	DEAN, BRENT	
STREET ADDRESS	2278 JESSICA LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	8th Treasurer	☐ Delete
NAME	LIZZO, SALVATORE	
STREET ADDRESS	2270 JESSICA LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	Secretary	☐ Delete
NAME	Dan Lisak	
STREET ADDRESS	2269 Jessica Lane	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

407-847-0073

Daytime Phone #

CR2E037 (10/02)