

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-21-2006 90024 023 ****61.25

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1. Entity Name
KINGS CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 1915
ORMOND BEACH, FL 32175-1915 US

Mailing Address
PO BOX 1915
ORMOND BEACH, FL 32175-1915 US

66007977



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3338118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANDERS, VICTORIA
22 KINGBRIDGE CROSSING DR.
ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent

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 *Victoria J Sanders* **Victoria J Sanders Bookkeeper**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, RICHARD	
STREET ADDRESS	11 LIONSHEAD DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINO, GEORGE	
STREET ADDRESS	23 KINGSBRIDGE CROSSING DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, DONALD	
STREET ADDRESS	22 KINGSBRIDGE CROSSING DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanders, Donald	
STREET ADDRESS	22 Kingsbridge Crossing Dr.	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reardon, Keith	
STREET ADDRESS	35 Kingsbridge Crossing Dr.	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denne, Bill	
STREET ADDRESS	6 Lionshead Drive	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *Donald Sanders* **Donald Sanders President** **386-671-2961**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #