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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000289 (6)  
1. Corporation Name

KINGS RIDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 2180 W SR 434 #5000 LONGWOOD FL 34779-5044  
Mailing Address: 2180 W SR 434 #5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified: 01/17/1996  
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-3387617  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
HACKER, E. BING  
14145 KINGS RIDGE BLVD.  
CLERMONT FL 34711

10. Name and Address of New Registered Agent  
81 Name: JAMES W HART, JR  
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC  
83: 2180 W SR 434, STE 5000  
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: 4/30/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HACKER, E. BING	
STREET ADDRESS	14145 KINGS RIDGE BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DI GEORGE, MARCO	
STREET ADDRESS	14145 KINGS RIDGE BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	AMES, MARSHALL H	
STREET ADDRESS	14145 KINGS RIDGE BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HACKER, E BING	
1.3 STREET ADDRESS	1900 KINGS RIDGE BLVD	
1.4 CITY-ST-ZIP	CLERMONT FL 34711	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUNKO, DON	
2.3 STREET ADDRESS	1900 KINGS RIDGE BLVD	
2.4 CITY-ST-ZIP	CLERMONT FL 34711	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SODERMARK, CHRISTINE	
3.3 STREET ADDRESS	1900 KINGS RIDGE BLVD	
3.4 CITY-ST-ZIP	CLERMONT FL 34711	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/14/97 (30) 242-1917

CR2E037 (9/96)