## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000289

FILED Apr 13, 2005 Secretary of State

Entity Name: KINGS RIDGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 W SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-3387617 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HACKER, E. BING HOLZMAN, SY Name: Name: 1635 E HWY 50 STE 200 Address: 4243 NEWLAND ST Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: ( ) Delete Title: VPD (X) Change ( ) Addition ECKERT, TERRY Name: FOWLER, BOB Name: Address: 1635 E HWY 50 STE 200 Address: 2146 BURLEY AVE City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: SD (X) Change ( ) Addition SODERMARK, CHRISTINE FLOYD, JUDGE M Name: Name: 1635 E HWY 50 STE 200 2115 ST IVES CT Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 ( ) Delete Title: Title: TD ( ) Change (X) Addition Name: Name: LA ROCCA, MARIA 4146 CAPLAND AVE Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: ( ) Change (X) Addition CAMPBELL, BILL Name: Name: 2128 GRAFTON AVE Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: ( ) Change (X) Addition CLARK, GARY Name: Name: Address: Address: 3808 EVERSHOLT ST CLERMONT, FL 34711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SY HOLZMAN PD 04/13/2005