

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000289

FILED
Apr 25, 2011
Secretary of State

Entity Name: KINGS RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3387617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: CHILES, DARRELL
Address: 4000 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: VPD
Name: DEVINE, JOHN III
Address: 2146 ST IVES CT
City-St-Zip: CLERMONT, FL 34711

Title: SD
Name: RUSSELL, JOAN
Address: 4377 SAMBOURNE ST
City-St-Zip: CLERMONT, FL 34711

Title: TD
Name: MAURY, STEVE
Address: 3674 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: KERR, JOAN
Address: 2095 BRAXTON ST
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: CLARK, GARY
Address: 3808 EVERSCHOLT ST
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: DARRELL CHILES

PD

04/25/2011

Electronic Signature of Signing Officer or Director

_____ Date