

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002345

1. Entity Name

KINGSLEY VILLAGE ASSOCIATION, INC.



Principal Place of Business

**1543 KINGSLEY AVENUE STE 11
ORANGE PARK FL 32073**

Mailing Address

**1543 KINGSLEY AVENUE STE 11
ORANGE PARK FL 32073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467949

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOCCIERI, STEPHEN A
1543 KINGSLEY AVENUE STE 11
ORANGE PARK FL 32073**

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 remaining)

DATE

**FILE NOW: FEE IS \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCCOLLAR, STEPHEN
1543 KINGSLEY AVENUE STE 11
ORANGE PARK FL 32073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BOCCIERI, STEPHEN A
1921 ROSE MALLOW LANE
ORANGE PARK FL 32073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAPIT, MICHAEL
1543 KINGSLEY AVE BLDG 8
ORANGE PARK FL 32073**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add

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**U00000431814
02/23/06-80040-025 61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Stephen A. Boccieri