

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Kingsmill Village Hon

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90084 046 \*\*\*\*61.25

<b>DOCUMENT # N99000002569</b> 1. Entity Name <b>KINGSMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 PLANTATION, FL 33318		Mailing Address C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 PLANTATION, FL 33318	
2. Principal Place of Business <b>C/O CASTLE GROUP</b> Suite, Apt. #, etc. <b>12270 SW 3RD STREET</b> City & State <b>PLANTATION, FL</b> Zip <b>33325</b>		3. Mailing Address <b>C/O CASTLE GROUP</b> Suite, Apt. #, etc. <b>P.O. BOX 559009</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33355-9009</b>	
4. FEI Number <b>65-0977953</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MARTIN, ROBERT C ESQ</b> <b>319 SE 14TH ST</b> <b>FORT LAUDERDALE, FL 33316</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PURVIS, WALTER 7347 COOPERFIELD CIR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAIACONA, LENNY 7101 COOPERFIELD CIRCLE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIDALGO-RUBIO, CARLOS 6227 OAK BLUFF WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGLES, SEAN 7120 COPPERFIELD CIRCLE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, EUGENE 7053 COPPERFIELD ON LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAUSS, RUSS 7305 COPPERFIELD CIRCLE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	INGELS, SEAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7053 COPPERFIELD CIRCLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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.			
<b>SIGNATURE:</b> <u>SEAN INGELS</u>		SEAN INGELS-PRES 5/3/05 561-276-4500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	