2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N9900002569 1. Entity Name KINGSMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.								0434 035 ***	*61.25
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 PLANTATION, FL 33325 PLANTATION, FL 33355=9009					4(00607	{ }	1 BOYS (500 SYES ENIE 2	D1404 S1 1551
40 Pl		3. Meiling Address Clo Phoenix Suite, Apt. #, etc.	Hanage	ment					11111 6; 1111
Suite, Apt. 308;		3082 Jo	a Road	a/ I	04072006	Chg-NP	C	R2E037 (11/05)	
City & Stat		City & State Lake Wor-	-		4. FEI Numbe 65-097			 	pplied For lot Applicable
Zip	33467 Country USA	^{Zip} 33467	Country USA		5. Certificate	of Status De	sired [□ \$8.75 Ad Fee Requir	
_ ~	6. Name and Address of Current R	tegistered Agent	Name		7Name and	Address of	New Regis	tered Agent	
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	 named entity submits this statement for tions of registered agent. 	the purpose of changing its re	gisterea onice o	r registere	agent, or bot	ın, ın ine Stat	e or Horida	. I am tamılar with	, and accept
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SIGNATURE	Signature, typed or printed name of registered agent as		d Rose legistered Agent signes		when reinstating)			18 06 DATE	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006		legistered Agent signet aign Financing	ture required t	\$5.00 May B Added to Fees	ie	Make	DATE check payable Department of S	to
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Con	legistered Agent signed aign Financing ntribution.	Line required v	\$5.00 May B Added to Fees		Make Florida	check payable Department of S	to State N 10
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Con	aign Financing ntribution.	A	\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO C	Make Florida	check payable Department of S	to State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 cath; 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06