

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43161

Entity Name: KINGS POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**114 WINTERDALE DRIVE SOUTH
LAKE ALFRED, FL 33850**Current Mailing Address:**114 WINTERDALE DRIVE SOUTH
LAKE ALFRED, FL 33850 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KINGS POINTE HOA
114 WINTERDALE DRIVE SOUTH
LAKE ALFRED, FL 33850 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:** KENNETH V WELLNERR

03/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CROSS, RICHARD T
Address 430 GULF STREAM DRIVE
City-State-Zip: LAKE ALFRED FL 33850

Title VP
Name SEYMORE, SUSAN
Address 437 GULF STREAM DRIVE
City-State-Zip: LAKE ALFRED FL 33850

Title TREASURER
Name ROSALIE, FRANCESE
Address 114 WINTERDALE DRIVE
City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR
Name BELLIZZLE, ANNA
Address 157 WINTERDALE DRIVE
City-State-Zip: LAKE ALFRED FL 33850

Title SECRETARY
Name PULLEN, PAMELA
Address 438 GULF STREAM COURT
City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR
Name ZINANNI, JANIE
Address 107 WINTERDALE DRIVE SOUTH
City-State-Zip: LAKE ALFRED FL 33850

Title VP, 2
Name STALLINGS, THOMAS
Address 313 WINTER GARDEN COURT
City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR
Name IVEY, JIM
Address 440 GULF STREAM DIVE N
City-State-Zip: LAKE ALFRED FL 33850

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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: ROSALIE M FRANCESE

TREASURER

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BURNS, CAROLYN
Address	538 CLUB HILL ROAD
City-State-Zip:	LAKE ALFRED FL 33850