

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43161

Entity Name: KINGS POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**102 WINTERDALE DRIVE SOUTH
LAKE ALFRED, FL 33850**Current Mailing Address:**102 WINTERDALE DRIVE SOUTH
LAKE ALFRED, FL 33850 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KINGS POINTE HOA
102 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

01/21/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ATKINS, WANDA
Address 323 WINTER GARDEN CT.
City-State-Zip: LAKE ALFRED FL 33850

Title PRESIDENT
Name ALLEN, WILLIAM
Address 467 GULF STREAM DR. NORTH
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 CROSS, RICHARD
Address 430 GULF STREAM DR. SOUTH
City-State-Zip: LAKE ALFRED FL 33850

Title VP, 1
Name YOUNG, LARRY
Address 431 GULF STREAM DR. S
City-State-Zip: LAKE ALFRED FL 33850

Title VP, 2
Name MCCRANEY, MICHAEL
Address 436 GULF STREAM S.
City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR
Name DILTS, EARL
Address 303 WINTER GARDEN CT
City-State-Zip: LAKE ALFRED FL 33850

Title DIRECTOR
Name GEISER, BILL
Address 532 CLUB HILL RD
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: WANDA ATKINS

TREASURE

01/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	IVEY, JAMES
Address	440 GULF STREAM DR. NORTH
City-State-Zip:	LAKE ALFRED FL 33850