**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 06, 2014**
**Secretary of State**
**CC8689138821**

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:** No

**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 01/06/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | SEYMOUR, SUSAN W |
| 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 | OTHER |
| Name | VACANT |
| Address | 114 WINTERDALE DRIVE SOUTH |
| 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 | V |
| Name | VENTON, HAROLD |
| Address | 204 TRADE WIND COURT |
| City-State-Zip: | LAKE ALFRED FL 33850 |

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

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

| | |
|---|---|
| Title | VP, 2 |
| Name | PELLETIER, ROBERT (BOB) |
| Address | 410 GULF STREAM DRIVE |
| City-State-Zip: | LAKE ALFRED FL 33850 |

**Continues on page 2**

*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 01/06/2014

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | ATKINS, WANDA |
| Address | 323 WINTER GARDEN COURT |
| City-State-Zip: | LAKE ALFRED FL 33850 |