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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715987** **(4)**

1. Corporation Name

KING'S WAY CONDOMINIUM APTS., INC.

Principal Place of Business	Mailing Address
KINGSWAY CONDOMINIUM APT INC 2837 PIERCE STREET HOLLYWOOD FL 33020 US	2598 LAKEVIEW CT. COOPER CITY FL 33026-3660

3. Date Incorporated or Qualified: 02/03/1969
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21 | Street, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Street, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

LEESON, PAMELA A
2598 LAKEVIEW COURT
COOPER CITY FL 33026

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEESON, PAMELA A	1.2 NAME	
STREET ADDRESS	2598 LAKEVIEW CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POHLE, MILDRED	2.2 NAME	
STREET ADDRESS	2837 PIERCE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	UNSWORTH, DONALD	3.2 NAME	
STREET ADDRESS	2837 PIERCE STR #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TYMON, JOHN J	4.2 NAME	
STREET ADDRESS	2837 PIERCE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHANDER, PAULINE	5.2 NAME	
STREET ADDRESS	2837 PIERCE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, ROSE	6.2 NAME	
STREET ADDRESS	2837 PIERCE STREET, #9	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela A. Leeson 3/8/97 954-435-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023994