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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715987

1. Corporation Name

KING'S WAY CONDOMINIUM APTS., INC.

Principal Place of Business

**KINGSWAY CONDOMINIUM APT INC
2837 PIERCE STREET
HOLLYWOOD FL 33020
US**

Mailing Address

**2598 LAKEVIEW CT.
COOPER CITY FL 33026**



2. Principal Place of Business

21 Suite, Apt. #: etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #: etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/03/1969

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

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

Pamela A. Leason

Pamela A. Leason STD

3/12/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **LEESON, PAMELA A**
CITY-ST-ZIP **2598 LAKEVIEW CT.
COOPER CITY FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **POHLE, MILDRED**
CITY-ST-ZIP **2837 PIERCE STREET
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **UNSWORTH, DONALD**
CITY-ST-ZIP **2837 PIERCE STR #11
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TYMON, JOHN J**
CITY-ST-ZIP **2837 PIERCE STREET
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHANDER, PAULINE**
CITY-ST-ZIP **2837 PIERCE STREET
HOLLYWOOD FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MCKINNEY, ROSE**
CITY-ST-ZIP **2837 PIERCE STREET, #9
HOLLYWOOD FL 33020**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Jean Unsworth**
1.4 CITY-ST-ZIP **2837 Pierce St #11
Hollywood, FL 33020**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **Robert McGahey**
2.4 CITY-ST-ZIP **2837-Pierce St #16
Hollywood FL 33020**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Pamela A. Leason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/99
954-435-8159

CR2E037 (11/98)