

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0017579

DOCUMENT # 715987

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEESON, PAMELA A
 2598 LAKEVIEW COURT
 COOPER CITY FL 33026**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEESON, PAMELA 2598 LAKEVIEW COURT COOPER CITY FL 33026	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULCAKEY, ANN 2837 PIERCE STREET #5 HOLLYWOOD FL 33020	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UNSWORTH, DONALD 2837 PIERCE STR #11 HOLLYWOOD FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYMON, JOHN J 2837 PIERCE STREET HOLLYWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANDER, PAULINE 2837 PIERCE STREET HOLLYWOOD FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEESON, PAMELA A 2598 LAKEVIEW COURT COOPER CITY FL 33026	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hugitt Harrison #7 2837 Pierce St Hollywood FL 33020	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ann Mulcahey #5 2837 Pierce St Hollywood FL 33020	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marge Rohloff Director Marge Rohloff #18 2837 Pierce St Hollywood FL 33020	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela A Leeson **Pamela A Leeson** 3/20/02 954-435-8159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)