

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90082 021 ****61.25

DOCUMENT # 715987	
1. Entity Name KING'S WAY CONDOMINIUM APTS., INC.	



Principal Place of Business KINGWAY CONDOMINIUM APT INC 2837 PIERCE STREET HOLLYWOOD, FL 33020 US	Mailing Address 2560 GARDEN CT. COOPER CITY, FL 33026
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302005 Chg-NP CR2E037 (10/03)

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 <u>Leeson, Pamela A</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>2560 Garden Court</u>	
		City <u>Cooper City</u>	Zip Code <u>FL 33026</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida 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 2560 GARDEN CT. COOPER CITY, FL 33026 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ann Mulcahey 2837 Pierce St #5 Hollywood, FL 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, MARK 2837 PIERCE ST #15 HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mark Williams 2837 Pierce St #14 Hollywood, FL 33020 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHLOFF, MARGE 2837 PIERCE ST. #18 HOLLYWOOD, FL 33020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Catrina Liptak 2837 Pierce St. #3 Hollywood FL 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SATOHELL, TAYMAN 2837 PIERCE #4 HOLLYWOOD, FL 33020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Megan Miller 2837 Pierce St #9 Hollywood FL 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYMON, JOHN 2837 PIERCE ST #10 HOLLYWOOD, FL 33020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Martin 2837 Pierce St #7 Hollywood, FL 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEESON, PAMELA A 2560 GARDEN CT. HOLLYWOOD, FL 33026 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Ann Mulcahey **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-01-05 Daytime Phone # 954-923-9331