

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46731 (8)

1. Corporation Name

KINGSTON DUNES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **4585 COASTAL HIGHWAY ST AUGUSTINE FL 32095**
Mailing Address: **4585 COASTAL HIGHWAY ST AUGUSTINE FL 32095**

3. Date Incorporated or Qualified: **01/06/1992**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3074776**
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

2. Principal Place of Business: **21 4585 COASTAL HIGHWAY ST AUGUSTINE FL 32095**
2a. Mailing Address: **26 % MAY Management Services P. O. Box 1509 St. Augustine, FL 32085**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: **25 32085**
29. Country:

9. Name and Address of Current Registered Agent
**DEVANE, HARVEY D. JR.
4585 COASTAL HIGHWAY
ST AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent
**81 Name: MAY Management Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 4320 U.S. Highway 1A South, Suite 2
83 City: St. Augustine
84 City: St. Augustine FL 85 Zip Code: 32084**

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: *Connie M. Marks*
Signature, typed or printed name of registered agent and title, if applicable.

2/14/96
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, GEORGE	
STREET ADDRESS	2500 N ATLANTIC AVE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DARABI, FRANK A.	
STREET ADDRESS	730 N WALDO AVE STE A	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEVANE, HARVEY D. JR.	
STREET ADDRESS	4585 COASTAL HWY	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAZARD, WILLIAM	
STREET ADDRESS	124 KINGSTON DR	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SKALNIK, FRANK	
STREET ADDRESS	121 KINGSTON DR	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eernisse, Don	
1.3 STREET ADDRESS	125 Kingston Dr	
1.4 CITY - ST - ZIP	St. Augustine, FL	
2.1 TITLE	Vice President, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hazard, Bill	
2.3 STREET ADDRESS	124 Kingston Dr	
2.4 CITY - ST - ZIP	St. Augustine FL	
3.1 TITLE	Vice President, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Crawford, John	
3.3 STREET ADDRESS	141 Kingston Dr	
3.4 CITY - ST - ZIP	St. Augustine, FL	
4.1 TITLE	Secretary, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terbrueggen, Connie	
4.3 STREET ADDRESS	145 Kingston Dr	
4.4 CITY - ST - ZIP	St. Augustine, FL	
5.1 TITLE	Treasurer, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bosanka, Barbara	
5.3 STREET ADDRESS	192 Kingston Dr	
5.4 CITY - ST - ZIP	St. Augustine, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Don Eernisse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96
Date

904-824-8444
Daytime Phone #
565-3-210-96

CR2E037 (12/95)