FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEP 1995 11 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001364 (9)**

1. Corporate Name

VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1435 COLLINGSWOOD BLVD MURDOCK FL 33948	145 INLETS BLVD. NOKOMIS FL 34275 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0335236 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 12077 SW Kingsway Circle	26 12077 SW Kingsway Circle
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Lake Suzy, FL	City & State 28 Lake Suzy, FL
Zip 24 33821 — Country 25 USA	Zip 29 33821 — Country 30 USA

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR
124 N BREVARD AVE
ARCADIA FL 33821

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ 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	PD
NAME	FARHAT, PHILLIP D
STREET ADDRESS	1435 COLLINGSWOOD BLVD
CITY, ST, ZIP	MURDOCK FL 33948
TITLE	VSTD
NAME	BISHOP, BRAD
STREET ADDRESS	24518 TANGERINE AVE
CITY, ST, ZIP	PT CHARLOTTE FL 33980
TITLE	D
NAME	BISHOP, LISA
STREET ADDRESS	24518 TANGERINE AVE
CITY, ST, ZIP	PT CHARLOTTE FL 33980

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS LIST

1 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☑ Change ☐ Addition — 12077 SW Kingsway Circle, Lake Suzy, FL 33821
3 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☑ Change ☐ Addition — 12077 SW Kingsway Circle, Lake Suzy, FL 33821
4 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ Change ☐ Addition

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: Lisa Ann Bishop — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/28/95 Date — Daytime Phone #

0018955