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Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43296 (5)

1. Corporation Name

KINGS GARDENS, SECTIONS 1 AND 2 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 170726
HIALEAH FL 33017P.O. BOX 170726
HIALEAH FL 33017-07263. Date Incorporated or Qualified
05/08/19913a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0429253

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ANDELET, RAQUEL
4517 NW 191 ST
MIAMI FL 33055

81 Name

Humberto Delgado

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

19309 NW 45 AVE.

83

84 City

Miami

FL

85 Zip Code

33055

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

Humberto Delgado, President 2/4/97

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME D'ANDELET, RAQUEL
STREET ADDRESS 4517 NW 191 ST
CITY-ST-ZIP MIAMI FL 33055TITLE VD ☐ DELETE
NAME ROBINSON, EVAN
STREET ADDRESS 19333 NW 47 AVE
CITY-ST-ZIP MIAMI FLTITLE TD ☐ DELETE
NAME ACOSTA, LYDIA
STREET ADDRESS 19317 NW 45 AVE
CITY-ST-ZIP MIAMI FL 33055TITLE S ☒ DELETE
NAME COURTNEY, LETRICIA
STREET ADDRESS 19355 NW 45 AVE
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME HUMBERTO, DELGADO
STREET ADDRESS 19309 NW 45 AVE
CITY-ST-ZIP MIAMI FL 33055TITLE D ☐ DELETE
NAME GABRIEL, TUBELLA
STREET ADDRESS 19316 NW 45 AVE
CITY-ST-ZIP MIAMI FL 330551.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Juan Carlos Machado
1.3 STREET ADDRESS 19337 N.W. 47 AVE
1.4 CITY-ST-ZIP Miami, FL 330552.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE T/S ☒ Change ☐ Addition
3.2 NAME Lydia Acosta
3.3 STREET ADDRESS 19317 N.W. 45 AVE
3.4 CITY-ST-ZIP Miami, FL 330554.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Alfonso Hiraldo
4.3 STREET ADDRESS 19320 NW 45 AVE
4.4 CITY-ST-ZIP Miami, FL 330555.1 TITLE P/D ☒ Change ☐ Addition
5.2 NAME Humberto Delgado
5.3 STREET ADDRESS 19309 NW 45 AVE
5.4 CITY-ST-ZIP Miami, FL 330556.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Humberto Delgado

2/4/97

621-1860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023392

CR2E037 (9/96)