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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49563 (2)

1. Corporation Name
KINGS PENINSULA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 201 DART STREET SUITE A PLANT CITY FL 33566 US	Mailing Address GRUNGER, DOUG 201 DART STREET, SUITE A PLANT CITY FL 33566 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/25/1992
4. FEI Number 59-3181171
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GRANGER, DOUGLAS W
201 DORT STREET
STE. A
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANGER, DOUGLAS W.	
STREET ADDRESS	201 DORT ST, STE. A	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	38412 LANGLOIS PL.	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WADE, WAYNE	
STREET ADDRESS	6710 VARN RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUTROFF, JOHN	
STREET ADDRESS	38437 LANGLOIS PL.	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Wade, Brant	
STREET ADDRESS	705 Pinewalk Drive	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Myers, L.A.	
STREET ADDRESS	38436 Langlois Place	
CITY-ST-ZIP	Leesburg, FL 34788	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Warrick, B.	
1.3 STREET ADDRESS	38315 Langlois Place	
1.4 CITY-ST-ZIP	Leesburg, FL 34788	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wade, Brant	
2.3 STREET ADDRESS	705 Pinewalk Drive	
2.4 CITY-ST-ZIP	Brandon, FL 33510	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Myers, L.A.	
3.3 STREET ADDRESS	38436 Langlois Place	
3.4 CITY-ST-ZIP	Leesburg, FL 34788	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Douglas W. Granger* Date: 3/3/98 Debit Phone: 813-752-1501

CR2E037 (10/97)