

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 708535 (0)
1. Corporation Name
KINGS PARK CONDOMINIUM GARDEN APARTMENTS, INC.



Principal Place of Business Mailing Address
6289 WEST SUNRISE BLVD., SUITE 202 SUNRISE FL 33313
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3. Date Incorporated or Qualified 02/25/1965
3a. Date of Last Report 05/01/1995
4. FEI Number 59-1111460
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT, INC.
6289 WEST SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

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 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAAF, BOB	
STREET ADDRESS	4025 N. FED. HWY. #1214	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, GERALD ST.	
STREET ADDRESS	4025 N. FED. HWY. #218-C	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG HARRIET	
STREET ADDRESS	4025 N FEDERAL HWY 112-B	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEHRINGER, DOROTHY	
STREET ADDRESS	4025 N FED HWY #220A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUETZ, WALTER	
STREET ADDRESS	4025 N. FED. HWY. #124B	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dan Charchian	
1.3 STREET ADDRESS	4025 N. Federal Hwy., #314-A	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
2.1 TITLE	N/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fran Colgan	
2.3 STREET ADDRESS	4025 N. Federal Hwy., #214-A	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barb Luno	
4.3 STREET ADDRESS	4025 N. Federal Hwy., #313-A	
4.4 CITY-ST-ZIP	FT. LAUD., FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kitty Hoey	
5.3 STREET ADDRESS	4025 N. Federal Hwy., #213-A	
5.4 CITY-ST-ZIP	FT. LAUD., FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Celine Wallis	
6.3 STREET ADDRESS	4025 N. Federal Hwy., #123-A	
6.4 CITY-ST-ZIP	FT. LAUD., FL	

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: *x Daniel Charchian* 04/01/96 (954) 564-0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)