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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 6289 WEST SUNRISE BLVD., SUITE 202
SUNRISE FL 33313-6154

3. Date Incorporated or Qualified 02/25/1965 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 40 Summit Property Mgmt. 26 40 Summit Property Mgmt.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Box 189013 27 Box 189013
City, State City, State
23 PLANTATION, FLA 28 PLANTATION, FLA
Zip Country Zip Country
24 33313 25 USA 29 33313 30 USA

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

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 4450 W. SUNRISE BLVD
C-100
84 City PLANTATION FL 85 Zip Code 33313

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 *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/18/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	CHARCHIAN, DAN	
STREET ADDRESS	4025 N FED HWY #314-A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	COLGAN, FRAN	
STREET ADDRESS	4025 N FED HWY #214A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	ARMSTRONG HARRIET	
STREET ADDRESS	4025 N FEDERAL HWY 112-B	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	LUNO, BARB	
STREET ADDRESS	4025 N FED HWY #323-A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	HOEY, KITTY	
STREET ADDRESS	4025 N FED HWY #213-A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WALLES, CILINE	
STREET ADDRESS	4025 N FED HWY #123-A	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Donkeyott, Priscilla		
2.3 STREET ADDRESS	4025 N. Federal Hwy, 120-C		
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Linger, Charles		
3.3 STREET ADDRESS	4025 N. Federal Hwy # 113-B		
3.4 CITY-ST-ZIP	FT. LAUDERDALE FL		
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Hillman, Mazy		
4.3 STREET ADDRESS	4025 N. Federal Hwy # 319-C		
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Catherine Hoey* CATHERINE HOEY, 2/24/97 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034775

CR2E037 (9/96)