

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: PO BOX 189013 PLANTATION FL 33318 US  
Mailing Address: PO BOX 189013 PLANTATION FL 33318 US

3. Date Incorporated or Qualified: 02/25/1965  
4. FEI Number: 59-1111460  
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. Is this nonprofit corporation a homeowners association? No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

2. Principal Place of Business: c/o Castle Group  
2a. Mailing Address: c/o Castle Group  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country  
25. Zip Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent  
4450 W SUNRISE BLVD  
C-100  
PLANTATION FL 33313

10. Name and Address of New Registered Agent  
81. Name: Castle Property Services Group, Inc.  
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: Gail H. Sangunett, Vice President - Administration 2/20/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CHARCHIAN, DAN	
STREET ADDRESS	4025 N FED HWY #314-A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	DELETE
NAME	DONLEYCOTT, PRISCILLA	
STREET ADDRESS	4025 N FEDERAL HWY, 120-C	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	DELETE
NAME	LINGER, CHARLES	
STREET ADDRESS	4025 N FEDERAL HWY 113-B	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	DELETE
NAME	HILLMAN, MARY	
STREET ADDRESS	4025 N FEDERAL HWY #319-C	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	DELETE
NAME	HOEY, KITTY	
STREET ADDRESS	4025 N FED HWY #213-A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STB	Change	Addition
1.2 NAME	LINDBERG, MARJORIE		
1.3 STREET ADDRESS	4025 N. Federal Hwy., 215-B		
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VB	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	PB	Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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: Catherine Hoey, President 2/20/98 (954) 792-6000

CPRE037 (10/97)