

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 708535**

1. Entity Name  
**KINGS PARK CONDOMINIUM GARDEN APARTMENTS, INC.**

Principal Place of Business C/O CASTLE GROUP PO BOX 189013 PLANTATION 33318 US	FL	Mailing Address C/O CASTLE GROUP PO BOX 189013 PLANTATION 33318 US	FL
---	----	---	----

2. Principal Place of Business C/O PRO PROPERTY MANAGEMENT	3. Mailing Address C/O PRO PROPERTY MANAGEMENT
---	---

Suite, Apt. #, etc. 2176 W. OAKLAND PARK BLVD.	Suite, Apt. #, etc. 2176 W. OAKLAND PARK BLVD.
---	---

City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
--------------------------------------	--------------------------------------

Zip 33311	Country US	Zip 33311	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-111460</b>	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MARTIN ROBERT CESQ**  
**MARTIN & BENNIS, P.A.**  
**319 S.E. 14TH STREET**  
**FT. LAUDERDALE FL**  
**333161929 US**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE **07/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID PALMIERI MICHAEL 4025 N FEDERAL HWY #123-C OAKLAND PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMIDT IRMGARD 4025 N FEDERAL HWY #219-B OAKLAND PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSFORD CHARLES 4025 N. FEDERAL HWY #125C OAKLAND PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLMAN MARY 4025 N FEDERAL HWY #228-B OAKLAND PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEARL CAROL 4025 N FEDERAL HWY #126-A OAKLAND PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID MCCRAY CAROL 4025 N FEDERAL HWY #215-C OAKLAND PARK FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NESS RICHARD 4025 N FEDERAL HWY #317-C OAKLAND PARK FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AHRENS ETHEL 4025 N. FEDERAL HWY #117-A OAKLAND PARK FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLMAN MARY 4025 N FEDERAL HWY #228-B OAKLAND PARK FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL CAROL 4025 N FEDERAL HWY #126-A OAKLAND PARK FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Mary Hillman PD 07/12/2001**

CR2E037 (11/00)