


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90083 048 ****61.25

DOCUMENT # 708535

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



Principal Place of Business
**C/O PRO PROPERTY MANAGEMENT
 2176 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE, FL 33311 US**

Mailing Address
**C/O PRO PROPERTY MANAGEMENT
 2176 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE, FL 33311 US**

2. Principal Place of Business
4025 N. Federal Hwy

3. Mailing Address
**C/O USA SERVICE
 Suite, Apt. #, etc.
6915 TAFT ST**

City & State
OAKLAND PARK, FL


City & State
HOOLLYWOOD, FL

Zip
33308

Country
FLORIDA

Zip
33024

Country
FLORIDA



03162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1111460

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PRO PROPERTY MANAGEMENT CORP
 2176 W. OAKLAND PARK BLVD
 FT. LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name
USA SERVICE

Street Address (P.O. Box Number is Not Acceptable)
6915 TAFT STREET

City
HOOLLYWOOD

FL

Zip Code
33024

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. I am familiar with, and accept the obligations of registered agent.

Signature: **Paul Shapiro**

DATE: **3/15/05**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	PERSICO, JOSEPH
STREET ADDRESS	4025 N FEDERAL HWY C-211
CITY-ST-ZIP	OAKLAND PARK, FL 33308
TITLE	SD <input type="checkbox"/> Delete
NAME	STRADTNER, KEVIN
STREET ADDRESS	4025 N FEDERAL HWY A-325
CITY-ST-ZIP	OAKLAND PARK, FL 33308
TITLE	TD <input type="checkbox"/> Delete
NAME	ENRIGHT, KEVIN
STREET ADDRESS	1880 NE 33RD COURT
CITY-ST-ZIP	OAKLAND PARK, FL 33306
TITLE	SD <input type="checkbox"/> Delete
NAME	TUROFF, STEVE
STREET ADDRESS	4025 N. FEDERAL HWY 222-C
CITY-ST-ZIP	OAKLAND PK, FL 33308
TITLE	D <input type="checkbox"/> Delete
NAME	MOCK, BRIGETTE
STREET ADDRESS	4025 N. FEDERAL HWY
CITY-ST-ZIP	OAKLAND PK, FL 33308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: X Joseph Persico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #