

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90460 017 ****61.25

DOCUMENT # 708535

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



Principal Place of Business
**4025 N. FEDERAL HWY
 FORT LAUDERDALE, FL 33308 US**

Mailing Address
**C/O USA SERVICE
 6915 TAFT ST
 HOLLYWOOD, FL 33024 US**

2. Principal Place of Business
7100 W. COMMERCIAL BLVD
 Suite, Apt. #, etc.
107

3. Mailing Address
7100 W. COMMERCIAL BLVD
 Suite, Apt. #, etc.
107

City & State
LAUDERHILL, FL

City & State
LAUDERHILL, FL

Zip
33319

Country
USA

04262006 Chg-NP CR2E037 (11/05)

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
**USA SERVICED
 6915 TAFT STREET
 HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent
 Name
AMBASSADOR COMMUNITY MANAGEMENT, INC.
 Street Address (P.O. Box Number is Not Acceptable)
7100 W. COMMERCIAL BLVD. #107
 City
LAUDERHILL FL Zip Code
33319

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 *St. Cuba, AGENT* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERSICO, JOSEPH 4025 N FEDERAL HWY C-211 OAKLAND PARK, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ellison, Margaret 4025 N. Federal Hwy C224 Oakland Park, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRADTNER, KEVIN 4025 N FEDERAL HWY A-325 OAKLAND PARK, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kolodziejcki, Jean Pierre 4025 N. Federal Hwy., B317 Oakland Park, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENRIGHT, KEVIN 1880 NE 33RD COURT OAKLAND PARK, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stetson Vickie 4025 N. Federal Hwy., C226 Oakland Park, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURTOFF, STEVE 4025 N. FEDERAL HWY 222-C OAKLAND, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Verrico, Luz 4025 N. Federal Hwy., B-116 Oakland Park, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, BEQUETTE 4025 N. FEDERAL HWY OAKLAND PARK, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *Margaret Ellison* **4-27-06 954-741-8811**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #