

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 715987

1. Entity Name
KING'S WAY CONDOMINIUM APTS., INC.



Principal Place of Business
**KINGSWAY CONDOMINIUM APT INC
2837 PIERCE STREET
HOLLYWOOD, FL 33020 US**

Mailing Address
**2560 GARDEN CT.
COOPER CITY, FL 33026**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEESON, PAMELA A
2650 GARDEN COURT
COOPER CITY, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000896636

01/25/08-80015-022 \$1.25

10. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	MILLER, MEGAN
STREET ADDRESS	2837 PIERCE ST#9
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	D
NAME	JAVELLANA, DARYL
STREET ADDRESS	2837 PIERCE ST. #11
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	D
NAME	MARTIN, EDWARD
STREET ADDRESS	2837 PIERCE ST #7
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	VP
NAME	LIPYAK, CATRINA
STREET ADDRESS	2837 PIERCE ST #3
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	P
NAME	MULCAHEY, ANN
STREET ADDRESS	2837 PIERCE ST #5
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ann Mulcahey, President 4.12.08 954-923-9331