2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# 717279

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

Current Principal Place of Business:

2905 PIERCE ST
#3
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

2905 PIERCE ST
HOLLYWOOD, FL 33020 US

Current Mailing Address:

STATE REALTY
5505 PEMBROKE RD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2295979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STATE REALTY
5505 PEMBROKE RD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ORTEGA, JOSE	
Address:	2905 PIERCE ST #10	
City-St-Zip:	HOLLYWOOD, FL 33020 US	
Title:	D	( ) Delete
Name:	PEREZ, JOHN	
Address:	2905 PIERCE ST. #2	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	GENOIS, JEAN	
Address:	2905 PIERCE ST #9	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	WEAVER, BILL	
Address:	2905 PIERCE ST #10	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	HORNSBY, TONY	
Address:	2905 PIERCE ST #15	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	S, KOCHAN	
Address:	2905 PIERCE ST	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL WEAVER D 05/08/2009
Electronic Signature of Signing Officer or Director — Date