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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90282 002 ****75.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721270

1. Corporation Name

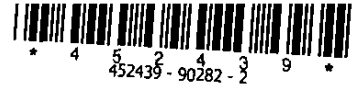
KINGS GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 170726
HIALEAH FL 33017

Mailing Address

19317 N.W. 45 AVENUE
MIAMI FL 33055



2. Principal Place of Business 21 19317 NW 45 AVE FL 33055 Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip Country 24 33055 25 U.S.A.	2a. Mailing Address 26 P.O. BOX 170726 FL 33017 Suite, Apt. #, etc. 27 City & State 28 Hialeah FL Zip Country 29 33017 30 U.S.A.	3. Date Incorporated or Qualified 06/30/1971 4. FEI Number APPLIED FOR Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DELGADO, HUMBERTO
19309 N.W. 45 AVENUE
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

Humberto Delgado
(NOTE: Registered Agent signature required when reinstating)

4/22/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, HUMBERTO	1.2 NAME	
STREET ADDRESS	19309 N.W. 45 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, EVAN	2.2 NAME	
STREET ADDRESS	19333 N.W. 47 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, CANDIDA	3.2 NAME	
STREET ADDRESS	19313 N.W. 45 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRALDO, ELFIDA	4.2 NAME	
STREET ADDRESS	19320 N.W. 45 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBELLA, GABRIEL	5.2 NAME	
STREET ADDRESS	19316 N.W. 45 AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, CARIDAD	6.2 NAME	
STREET ADDRESS	4516 N.W. 191 TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Humberto Delgado
DATE