

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Aug 05 1996 8:00 am
 Secretary of State

DOCUMENT # 740893 (3)
 1. Corporation Name
 KINGS GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % BERGMAN, MARTIN & BRAMSON, P.A.
 3625 N.W. 82 AVE., SUITE 100
 MIAMI FL 33166

3. Date Incorporated or Qualified 11/28/1977
 3a. Date of Last Report 04/26/1995

2. Principal Place of Business 2a. Mailing Address
 21 17953 NW 40 CT 26 17953 NW 40 CT

4. FEI Number 65-0127240
 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State MIAMI, FL 28 City & State MIAMI, FL

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

24 Zip 33055 25 Country 29 Zip 33055 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, ANDREW
 18189 NW 40TH COURT
 MIAMI FL 33055

81 Name JACQUELYN L. WOODEN, ESQ.
 82 Street Address (P.O. Box Number if Not Applicable) 290 NW 165 ST. STE P-250
 83
 84 City MIAMI FL 85 Zip Code 33169

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 *Jacquelyn L. Wooden* JACQUELYN L. WOODEN, ESQ. DATE 7/29/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THRONTON, ANDREW	
STREET ADDRESS	18189 NW 40TH COURT	
CITY - ST - ZIP	MAIMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GASTILLO, MARIA	
STREET ADDRESS	18018 NW 41ST PLACE	
CITY - ST - ZIP	MAIMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLORES, DIANA	
STREET ADDRESS	180299 NW 41 PLACE	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, GLORIA	
STREET ADDRESS	17945 NW 40TH COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHYLLIS THOMAS	
1.3 STREET ADDRESS	17953 NW 40 CT	
1.4 CITY - ST - ZIP	OPA LOCKA FL 33055	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETER COOPER	
2.3 STREET ADDRESS	17951 NW 40 CT	
2.4 CITY - ST - ZIP	OPA LOCKA FL 33055	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSE TORRES	
3.3 STREET ADDRESS	18021 NW 41 PL	
3.4 CITY - ST - ZIP	OPA LOCKA FL 33055	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SANORA MCDOWELL	
4.3 STREET ADDRESS	18240 NW 41 PL	
4.4 CITY - ST - ZIP	OPA LOCKA FL 33055	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *J. Thomas* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7/29/96 Daytime Phone # 305-625-4583

CR2E037 (3/96)