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Jul 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740893 (3)

1. Corporation Name
KINGS GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 17953 NW 40TH COURT MIAMI FL 33055 US	Mailing Address 17953 NW 40TH COURT MIAMI FL 33055-3440 US
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3. Date Incorporated or Qualified 11/28/1977	3a. Date of Last Report 08/05/1996
4. FEI Number 65-0127240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**WOODEN, JACQUELYN
290 NW 165 STREET
SUITE P-250
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name **Samantha Burch**

82 Street Address (P.O. Box Number is Not Acceptable)
18187 NW 41 Ct.

83

84 City **Miami** FL 85 Zip Code **33055**

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 **Samantha Burch** DATE **4/25/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, PHYLLIS	
STREET ADDRESS	17953 NW 40 COURT	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOPER, PETER	
STREET ADDRESS	17951 NW 40 COURT	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TORRES, JOSE	
STREET ADDRESS	18021 NW 41 PLACE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCDOWELL, SANDRA	
STREET ADDRESS	18240 NW 41 PLACE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Denise Pinder
4.3 STREET ADDRESS	17943 NW 40 Ct
4.4 CITY-ST-ZIP	Miami, 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 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.

SIGNATURE **Samantha Burch** DATE **4/25/97**

CR2E037 (9/96)