

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:36

DOCUMENT # 742175 (3)  
1. Corporation Name  
KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
6110 KINGSLEY LAKE DR. 6110 KINGSLEY LAKE DR.  
STARKE FL 32091-6712 STARKE FL 32091-6712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1978 3a. Date of Last Report 02/18/1994  
4. FEI Number 59-1860841 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
GREEN, R A  
200 NE 15TH ST  
STARKE FL 32091

10. Name and Address of New Registered Agent  
81 Name ELIZABETH JARMON  
82 Street Address (P.O. Box Number is Not Acceptable) 320 E. CALL STREET  
83  
84 City STARKE FL 85 Zip Code 32091

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Elizabeth Jarmon* DATE 1/15/95  
Signature, typed or printed name of registered agent and Florida Statute (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE PD DIRECTOR  
NAME GREEN, RA  
STREET ADDRESS 200 NE 15 ST  
CITY - ST - ZIP STARKE FL 32091  
TITLE VP PRESIDENT  
NAME JARMON, ELIZABETH  
STREET ADDRESS 320 E CALL ST  
CITY - ST - ZIP STARKE FL 32091  
TITLE SD  
NAME TURNER, LANA  
STREET ADDRESS 6123 KINGSLEY LAKE DR  
CITY - ST - ZIP STARKE FL 32091  
TITLE TD  
NAME PERKINS, JEAN  
STREET ADDRESS 6109 KINGSLEY LAKE DR  
CITY - ST - ZIP STARKE FL 32091  
TITLE D  
NAME ROMANELLI, MIKE  
STREET ADDRESS 6239 KINGSLEY LAKE DR  
CITY - ST - ZIP STARKE FL 32091  
TITLE D  
NAME CREWS, DAVID  
STREET ADDRESS 6220 KINGSLEY LAKE DR  
CITY - ST - ZIP STARKE FL 32091

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DIRECTOR  Change  Addition  
1.2 NAME GREEN, RA  
1.3 STREET ADDRESS 200 NE 15 ST.  
1.4 CITY - ST - ZIP STARKE, FL 32091  
2.1 TITLE PRESIDENT  Change  Addition  
2.2 NAME JARMON, ELIZABETH  
2.3 STREET ADDRESS 320 E. CALL ST.  
2.4 CITY - ST - ZIP STARKE, FL 32091  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  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 110.07(3)(g), 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: *Elizabeth Jarmon President* 1-15-95 904-914-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR