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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 742175 (3)
1. Corporation Name
KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6110 KINGSLEY LAKE DR.
STARKE FL 32091-67126110 KINGSLEY LAKE DR.
STARKE FL 32091-6729

3. Date Incorporated or Qualified

03/23/1978

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1860841

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

JARMON, ELIZABETH
320 E CALL STREET
STARKE FL 32091

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GREEN, RA
STREET ADDRESS 200 NE 15 ST
CITY-ST-ZIP STARKE FL
☒ DELETE1.1 TITLE V. President
1.2 NAME Folsom, C. Eugene
1.3 STREET ADDRESS 4050 Bonnie Lane
1.4 CITY-ST-ZIP Starke, FL 32091
☐ Change ☒ AdditionTITLE P
NAME JARMON, ELIZABETH
STREET ADDRESS 320 E CALL ST
CITY-ST-ZIP STARKE FL
☒ DELETE2.1 TITLE President
2.2 NAME Carter, Brad
2.3 STREET ADDRESS 6254 Lake Dr.
2.4 CITY-ST-ZIP Starke, FL 32091
☐ Change ☒ AdditionTITLE SD
NAME TURNER, LANA
STREET ADDRESS 6123 KINGSLEY LAKE DR
CITY-ST-ZIP STARKE FL 32091
☐ DELETE3.1 TITLE Director
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE TD
NAME PERKINS, JEAN
STREET ADDRESS 6109 KINGSLEY LAKE DR
CITY-ST-ZIP STARKE FL 32091
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME ROMANELLI, MIKE
STREET ADDRESS 6239 KINGSLEY LAKE DR
CITY-ST-ZIP STARKE FL 32091
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME CREWS, DAVID
STREET ADDRESS 6220 KINGSLEY LAKE DR
CITY-ST-ZIP STARKE FL 32091
☒ DELETE6.1 TITLE Secretary
6.2 NAME murphree, W.E.
6.3 STREET ADDRESS 3610 NW 24th Terr.
6.4 CITY-ST-ZIP Gainesville, FL 32605
☐ Change ☒ Addition

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:

Jean C. Perkins

1-23-97

904-533-2639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6001589

CR2E037 (9/96)