

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742175 (3)
 1. Corporation Name
KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 6110 KINGSLEY LAKE DR. STARKE FL 32091-6712	Mailing Address 6110 KINGSLEY LAKE DR. STARKE FL 32091-6712
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3. Date Incorporated or Qualified 03/23/1978
4. FEI Number 59-1860841
Applied For <input checked="" type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JARMON, ELIZABETH
 320 E CALL STREET
 STARKE FL 32091

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLSOM, EUGENE C.	1.2 NAME	
STREET ADDRESS	4050 BONNIE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, BRAD	2.2 NAME	
STREET ADDRESS	6254 LAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LANA	3.2 NAME	
STREET ADDRESS	6123 KINGSLEY LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JEAN	4.2 NAME	
STREET ADDRESS	6109 KINGSLEY LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANELLI, MIKE	5.2 NAME	
STREET ADDRESS	6239 KINGSLEY LAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHREE, W.E.	6.2 NAME	
STREET ADDRESS	3610 N.W. 29TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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.

SIGNATURE: JEAN PERKINS, Treasurer 1-13-98 904-533-2639

CRE037 (10/97)