


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742175
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/23/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1860841
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **Murphree W.E.**
 82 Street Address (P.O. Box Number is Not Acceptable) **3610 NW 29th Terrace**
 83
 84 City **Gainesville** FL 85 Zip Code **32605**

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]* DATE **3/25/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOLSOM, EUGENE C.	
STREET ADDRESS	4050 BONNE LANE	
CITY-ST-ZIP	STARKE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, BRAD	
STREET ADDRESS	6254 LAKE DR.	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, LANA	
STREET ADDRESS	6123 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERKINS, JEAN	
STREET ADDRESS	6109 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROMANELLI, MIKE	
STREET ADDRESS	6239 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHREE, W.E.	
STREET ADDRESS	3610 N.W. 29TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Delegate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Andrus, Paul		
2.3 STREET ADDRESS	6209 Kingsley Lake Dr.		
2.4 CITY-ST-ZIP	Starke, FL 32091		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Delegate	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	HIPPS, JERRY		
5.3 STREET ADDRESS	6177-1 Kingsley Lake Dr.		
5.4 CITY-ST-ZIP	Starke, FL 32091		
6.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2-4-99** DAYTIME PHONE: **904-533-2639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)