


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90160 045 ****61.25

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/23/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1860841	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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
85 Zip Code	FL 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Delegate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, BRAD	2.2 NAME	Andrus, Paul
STREET ADDRESS	6254 LAKE DR.	2.3 STREET ADDRESS	6209 Kingsley Lake Dr.
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP	Starke, FL 32091
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Delegate <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANELLI, MIKE	5.2 NAME	Hipps, Jerry
STREET ADDRESS	6239 KINGSLEY LAKE DR	5.3 STREET ADDRESS	6177-1 Kingsley Lake Dr.
CITY-ST-ZIP	STARKE FL 32091	5.4 CITY-ST-ZIP	Starke, FL 32091
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	President <input checked="" 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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99
Date904-533-2639
Daytime Phone #

CR2E037 (11/98)