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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 747155 (0)  
1. Corporation Name  
KINGS COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
8600 SW 113 PLACE 8600 SW 113 PLACE  
MIAMI FL 33173 MIAMI FL 33173-4200

3. Date Incorporated or Qualified 05/10/1979 3a. Date of Last Report 04/17/1996

|   |  |   |
|---|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 4. FEI Number<br>59-1974380<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARC A KUPERMAN  
1320 S DIXIE HWY SUITE 1180  
CORAL GABLES FL 33146

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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                      | TD                 | 1.1 TITLE   | D                  |
| NAME                       | MACON, THOMAS      | 1.2 NAME  | BERNARD LANDERS    |
| STREET ADDRESS             | 11465 SW 87 TERR   | 1.3 STREET ADDRESS                                    | 11326 S.W. 85 LANE |
| CITY-ST-ZIP                | MIAMI FL           | 1.4 CITY-ST-ZIP                                       | MIAMI FL 33173     |
| TITLE                      | SD                 | 2.1 TITLE   | D                  |
| NAME                       | REKER, BARBARA     | 2.2 NAME  | MARY STEARNS       |
| STREET ADDRESS             | 11357 SW 86TH LANE | 2.3 STREET ADDRESS                                    | 11418 S.W. 86 LANE |
| CITY-ST-ZIP                | MIAMI, FL 00000    | 2.4 CITY-ST-ZIP                                       | MIAMI FL 33173     |
| TITLE                      | VD                 | 3.1 TITLE   | D                  |
| NAME                       | MILKS, WARREN      | 3.2 NAME  | CYNTHIA HYMES      |
| STREET ADDRESS             | 11537 SW 84TH LANE | 3.3 STREET ADDRESS                                    | 11386 S.W. 86 LANE |
| CITY-ST-ZIP                | MIAMI FL           | 3.4 CITY-ST-ZIP                                       | MIAMI FL 33173     |
| TITLE                      | PD                 | 4.1 TITLE   | D                  |
| NAME                       | WATERS, WILLIAM    | 4.2 NAME  | LEANN MAYERS       |
| STREET ADDRESS             | 8455 SW 113 COURT  | 4.3 STREET ADDRESS                                    | 8643 S.W. 113 CT.  |
| CITY-ST-ZIP                | MIAMI FL           | 4.4 CITY-ST-ZIP                                       | MIAMI FL 33173     |
| TITLE                      | D                  | 5.1 TITLE   |                    |
| NAME                       | KELLERMAN, EDWIN   | 5.2 NAME  |                    |
| STREET ADDRESS             | 11359 SW 85 LANE   | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | MIAMI FL           | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                    | 6.1 TITLE   |                    |
| NAME                       |                    | 6.2 NAME  |                    |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |                    |

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: Y Thomas R. Macon 4/10/97 305-274-8608

CR2E037 (9/96)