# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 09, 2007 8:00 am**
**Secretary of State**
04-09-2007 90038 034 ****61.25

DOCUMENT # **747155**

1. Entity Name

KINGS COURT HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8600 SW 113 PLACE<br>MIAMI FL 33173 | 8600 SW 113 PLACE<br>MIAMI FL 33173 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1974380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KUPERMAN, MARC A<br>7695 SW 104 STREET<br>#210<br>MIAMI FL 33156 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CONKLIN, KATHLEEN<br>8573 SW 113 CT<br>MIAMI FL 33173 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | PD<br>BARBARA PEACON<br>11389 SW. 85th LANE<br>Miami, FL. 33173 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>COLEMAN, HENRY L<br>11517 SW 84 LANE<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MASCHINOT, CLARENCE J<br>11375 SW 87 TERRACE<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LEIBERT, REBECCA D<br>8563 SW 115 CT<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GREENSPAN, EUGENE<br>11577 SW 84 LANE<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LOPEZ, MIGUEL<br>8543 SW 115 COURT<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>Miguel Lopez<br>8543 SW 115 Pl<br>Miami, FL. 33173 | ☑ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Henry L Coleman 3/27/07 (305) 274-8608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #