

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 025 ****61.25

DOCUMENT # 747155

1. Entity Name
KINGS COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8600 SW 113 PLACE
MIAMI, FL 33173**

Mailing Address
**8600 SW 113 PLACE
MIAMI, FL 33173**

40045706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1974380

Applied For
Not Applicable

Zip

Country

Zip

Country

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
7695 SW 104 STREET
#210
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE PD ☐ Delete
NAME PEACON, BARBARA
STREET ADDRESS 11389 SW 85TH LANE
CITY-ST-ZIP MIAMI, FL 33173

TITLE VPD ☐ Delete
NAME COLEMAN, HENRY L
STREET ADDRESS 11517 SW 84 LANE
CITY-ST-ZIP MIAMI, FL 33173

TITLE SD ☒ Delete
NAME MASCHINOT, CLARENCE J
STREET ADDRESS 11375 SW 87 TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE TD ☐ Delete
NAME LEIBERT, REBECCA D
STREET ADDRESS 8563 SW 115 CT
CITY-ST-ZIP MIAMI, FL 33173

TITLE D ☒ Delete
NAME GREENSPAN, EUGENE
STREET ADDRESS 11577 SW 84 LANE
CITY-ST-ZIP MIAMI, FL 33173

TITLE D ☐ Delete
NAME LOPEZ, MIGUEL
STREET ADDRESS 8543 SW 115 PL
CITY-ST-ZIP MIAMI, FL 33173

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **HENRY COLEMAN (P)** ☒ Change ☐ Addition
NAME
STREET ADDRESS **11517 SW. 84 LANE**
CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE **BARBARA PEACON (VP)** ☒ Change ☐ Addition
NAME
STREET ADDRESS **11389 SW. 85th LANE**
CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE **JACK HARDY (S.)** ☐ Change ☒ Addition
NAME
STREET ADDRESS **11387 SW. 85th LANE**
CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE **REBECCA D. LEIBERT** ☐ Change ☐ Addition
NAME
STREET ADDRESS **8543 SW 115th CT.**
CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE **BEVERLY ANDREW** ☐ Change ☒ Addition
NAME
STREET ADDRESS **11365 SW. 87 TER**
CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE **JOYCE MASCHINOT** ☐ Change ☒ Addition
NAME
STREET ADDRESS **11375 SW 87 TERR**
CITY-ST-ZIP **MIAMI, FL 33173**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY COLEMAN

Date

Daytime Phone #