FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 764457

1. Corporation Name

KINGSTON COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 620 MAITLAND AVENUE

Mailing Address

620 MAITLAND AVENUE

FILED Apr 30, 1999 8:00 am Secretary of State

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ALTAMONTE SPRINGS FL 32701 ALTAMONTE SI US US		ALTAMONTE SPRINGS FL 33 US	2701) 1883)) 1883) 831) 838) 838) 838) 838)) 1893)	
2. Principal P	lace of Business 102 KINGSTON COURT	2a. Mailing Address 28 POBox 20	f47	3. Date Incorporated or Qualifed 08/06/1982		
Suite, Apt.		Suite, Apt. #, etc.	,	4. FEI Number 59-2419143	Applied For Not Applicable	
City & State		-City & State		5. Certificate of Status Desired	\$8.75 Additional	
Zip Country		Zip Country		6. Election Campaign Financing	Fee Required \$5.00 May Be	
24 328	10 25 USA	29 32802-2847 3	0 USA	Trust Fund Contribution 10. Name and Address of New Registere	Added to Fees	
 	Name and Address of Current	Registered Agent	81 Name		<u> </u>	
KUNG, ALICE L.				Address (P.O. Box Number is Not Acceptable)		
620 MAITLAND AVE				FAST ROBINSON		
ALIAMONTE SPRINGS FL 32/01				11re 201		
84 City ORL 19				PRLANDO F		
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 families with, and accept the opingalous of Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature n	equired when reinstating) DATE	1777	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1.1 T(π.Ε	WILLIAMS, LEONARD E	Change Addition	
NAME STREET ADDRESS	KLING, DAVID E 620 MAITLAND AVENUE		1.2 NAME 1.3 STREET ADDRESS	2518 MORFOLK ROAD		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	DRIANDO FL 32803		
TITLE	VDS	▼ DELETE	2.1 TITLE		☐ Change	
NAME	KLING, ALICE L		2.2 NAME	WILLIAMS, JOHNA		
STREET ADDRESS	620 MAITLAND AVENUE		2.3 STREET ADDRESS	1100 MUNSTER		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	ORVANDO FOR 32503 Duen, THOMAS R	<u> </u>	
-11TLE	D	DELETE	. 3.1 TITLE	Aug. Thomas R	Change Addition	
NAME	LONG, DOUGLAS	1	3.2 NAME	105 E ROBINSON, SUITE 20	~	
STREET ADDRESS	1500 LEE ROAD, SUITE 200	· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS	ORLANDO FL 3280/	i	
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	3.4. CITY-ST-ZIP	DELANDO 1 = SXOUT	Change Addition	
NAME		_	4.2 NAME		_ , _	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		. Change Addition	
NAME			5.2 NAME		}	
STREET ADDRESS			5.3 STREET ADDRESS		{	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	}		6.2 NAME		Ì	
STREET ADORESS			6.3 STREET ADDRESS		}	
CITY OF ZID			6.4 C/TY-ST-Z/P			

14. I 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 op an attachment with an address, with all other like empowered.

SIGNATURE: