
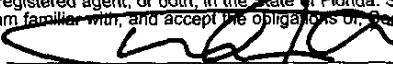


FILE NOW: FILING FEE IS \$61.25

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

04-30-1999 90146 002 ****61.25

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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 ALTAMONTE SPRINGS FL 32701 US			Mailing Address 620 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701 US		
2. Principal Place of Business 21 100-102 KINGSTON COURT Suite, Apt. #, etc. 22 City & State 23 ORLANDO FL Zip Country 24 32810 25 USA		2a. Mailing Address 26 P.O. Box 2847 Suite, Apt. #, etc. 27 City & State 28 ORLANDO FL Zip Country 29 32802-2847 30 USA		3. Date Incorporated or Qualified 08/06/1982 4. FEI Number 59-2419143 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KLING, ALICE L. 620 MAITLAND AVE ALTAMONTE SPRINGS FL 32701			10. Name and Address of New Registered Agent 81 Name ALLEN, THOMAS R 82 Street Address (P.O. Box Number is Not Acceptable) 105 EAST ROBINSON 83 Suite 201 84 City ORLANDO FL 85 Zip Code 32801		
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  DATE April 22, 1999 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLING, DAVID E 620 MAITLAND AVENUE ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D WILLIAMS, LEONARD E 2518 NORFOLK ROAD ORLANDO FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KLING, ALICE L 620 MAITLAND AVENUE ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D WILLIAMS, JONNA 1100 MUNSTER ORLANDO FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, DOUGLAS 1500 LEE ROAD, SUITE 200 ORLANDO FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D ALLEN, THOMAS R 105 E ROBINSON, SUITE 201 ORLANDO FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)