

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 011 ****61.25

DOCUMENT # N01000007121
 1. Entity Name
KINGS PARK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
5625 EAGLE WAY **5625 EAGLE WAY**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FL 32953**

979985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5625 Eagle Way **5625 Eagle Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
~~Merritt Island FL~~ ~~Merritt Island FL~~

City & State City & State
Merritt Island FL **Merritt Island FL**

Zip Country Zip Country
32953 **US** **32953** **US**

4. FEI Number Applied For
59-3756249 Not Applicable

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

6. Name and Address of Current Registered Agent
FARRELL, JOHN
3245 N. COURTENAY PKWY., STE. 36
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 Name **Thomas Farrell**
 Street Address (P.O. Box Number is Not Acceptable)
5625 Eagle Way
 City **Merritt Island FL** Zip Code **32953**

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 *Thomas Farrell* **THOMAS FARRELL** 7-3-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
 min. will be \$236.25.

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, JOHN	
STREET ADDRESS	5625 EAGLE WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FARRELL, KRISTINA	
STREET ADDRESS	472 KINGS MANOR LN.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FARRELL, THOMAS	
STREET ADDRESS	472 KINGS MANOR LN.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Farrell	
STREET ADDRESS	5625 Eagle Way	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	DU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristina Farrell	
STREET ADDRESS	5625 Eagle Way	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Thomas Farrell* **THOMAS FARRELL** 7-3-02 321-749-2903

CR2E037 (4/02)