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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:09

DOCUMENT # N13777 (0)

1. Corporation Name

KINGS MANOR HOME OWNERS ASSOC. INC.

Principal Place of Business	Mailing Address
12501 SW 7TH COURT FT LAUDERDALE FL 33325 US	12501 SW 7TH CT FT LAUDERDALE FL 33325 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2659639 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LACK, ELAINE MRS. 12501 S. W. 7TH COURT FT. LAUDERDALE FL 33325	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D. ☐ Change ☐ Addition
NAME	STONE ARNOLD	12 NAME	KAREN BOYLAN
STREET ADDRESS	12551 SW 6 STREET	13 STREET ADDRESS	631 SW 126 TERR
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	FORT LAUDERDALE FL 33325
TITLE	VP	21 TITLE	D. ☐ Change ☐ Addition
NAME	BOYLAN PAUL	22 NAME	ROBERT REED
STREET ADDRESS	631 SW 126 TERRACE	23 STREET ADDRESS	12551 SW 5TH COURT
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	FT. LAUDERDALE FL. 33325
TITLE	T	31 TITLE	D. ☐ Change ☐ Addition
NAME	STONE KATHLEEN	32 NAME	ROBIN GOODWIN
STREET ADDRESS	12551 SW 6 STREET	33 STREET ADDRESS	12541 SW 6TH ST.
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	FORT LAUDERDALE FL 33325
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	OLIVER GLADYS	42 NAME	
STREET ADDRESS	12571 SW STREET	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	SOA	51 TITLE	☐ Change ☐ Addition
NAME	SENTO UMBERTO	52 NAME	
STREET ADDRESS	12591 SW T COURT	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Kathleen Stone Treasurer 5/22/95 40-2 8323
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0047169