

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N13777** (0)

1. Corporation Name

KINGS MANOR HOME OWNERS ASSOC. INC.



Principal Place of Business

**12501 SW 7TH COURT
FT LAUDERDALE FL 33325
US**

Mailing Address

**12501 SW 7TH CT
FT LAUDERDALE FL 33325
US**

3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

21

2a. Mailing Address

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BAYLAN, KAREN**
STREET ADDRESS **631 SW 126 TERR**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **REED, ROBERT**
STREET ADDRESS **12551 SW 5TH CT**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **GOODWIN, ROBIN**
STREET ADDRESS **12581 SW 6TH ST**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **OLIVER GLADYS**
STREET ADDRESS **12571 SW STREET**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **SOA** ☐ DELETE
NAME **SENTO UMBERTO**
STREET ADDRESS **12591 SW T COURT**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 Trust 5-6-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)