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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26395

1. Corporation Name

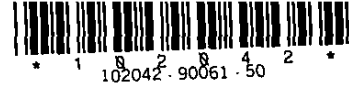
K.S. PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

3878 N.W. 67TH STREET
COCONUT CREEK FL 33073

Mailing Address

31700 MIDDLEBELT RD
SUITE 145
FARMINGTON HILLS MI 48334



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/11/1988

4. FEI Number

65-0516021

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE
NAME **GARY A. SHIFFMAN**
STREET ADDRESS **31700 MIDDLEBELT RD. STE 145**
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE **TD** ☐ DELETE
NAME **JONATHAN M. COLMAN**
STREET ADDRESS **31700 MIDDLEBELT RD STE 145**
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE **D** ☒ DELETE
NAME **GREGG, MORTON A**
STREET ADDRESS **1491 N.E. 130TH COURT**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **D** ☒ DELETE
NAME **NOWORYTA, H. JAMES**
STREET ADDRESS **5100 WEST SAMPLE ROAD**
CITY-ST-ZIP **POMPAHO BEACH FL 33073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Brian W. Fannon**
1.3 STREET ADDRESS **31700 MIDDLEBELT STE 145**
1.4 CITY-ST-ZIP **Farmington Hills, MI 48334**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99

(248) 932-3100

Date

Daytime Phone #

CR2E037 (11/98)