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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N 30727
1. Corporation Name

KILLIAN PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**c/o MANAGEMENT SOLUTIONS FOR COMMUNITY ASSOC.
12350 S.W. 132 COURT SUITE 208
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/16/89	3a. Date of Last Report 5/1/94
4. FEI Number 65-0105374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
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
**GILBERT FIORENTINO
EXECUTIVE TOWER
800 DOUGLAS ENTRANCE SUITE 765
CORAL GABLES, FLORIDA 33134**

10. Name and Address of New Registered Agent 81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	30110 146653
83	04/27/95 01051 019
84 City	MIAMI 130.00 ***130.00
85 Zip Code	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Sherin, Richard
STREET ADDRESS		1.3 STREET ADDRESS	9764 S.W. 110 Street
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Miami, FL 33176
TITLE		2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Gardner, David
STREET ADDRESS		2.3 STREET ADDRESS	9716 S.W. 110 Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami, FL 33176
TITLE		3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Goldenberg, Irving
STREET ADDRESS		3.3 STREET ADDRESS	9833 S.W. 111 Terrace
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami, FL 33176
TITLE		4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Mc Namara, Barbara
STREET ADDRESS		4.3 STREET ADDRESS	9865 S.W. 111 Terrace
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Miami, FL 33176
TITLE		5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Neijna, Michael
STREET ADDRESS		5.3 STREET ADDRESS	9816 S.W. 110 Street
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Miami, FL 33176
TITLE		6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Pinchuk, Diane
STREET ADDRESS		6.3 STREET ADDRESS	9834 S.W. 111 Terrace
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Miami, FL 33176

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)(4), 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: Richard J. Sherin (Signature and typed or printed name of signing officer or director) DATE: 4/17/95 (Date) 905 591 3716 (Daytime Phone #)

Richard J. Sherin