

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 # **N30727 (4)**

1. Corporation Name
KILLIAN PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O MANAGEMENT SOLUTIONS 12350 S.W. 132 CT. STE. 208 MIAMI FL 33186 US	Mailing Address C/O MANAGEMENT SOLUTIONS 12350 S.W. 132 CT. STE. 208 MIAMI FL 33186 US
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3. Date Incorporated or Qualified 02/16/1989	3a. Date of Last Report 04/26/1995
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FIORENTION, GILBERT
EXECUTIVE TOWER
800 DOUGLAS ENTRANCE, SUITE 785
CORAL GABLES, FL 33134**

correction & address change
same agent

10. Name and Address of New Registered Agent

81 Name Fiorentino, Gilbert
82 Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Boulevard Suite 1500
83 City Miami
84 Zip Code FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHERIN, RICHARD	
STREET ADDRESS	9764 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, DAVID	
STREET ADDRESS	9716 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDENBERG, IRVING	
STREET ADDRESS	9833 S.W. 111 TERR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MC NAMARA, BARBARA	
STREET ADDRESS	9865 S.W. 111 TERR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEIJNA, MICHAEL	
STREET ADDRESS	9816 S.W. 110 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINCHUK, DIANE	
STREET ADDRESS	9834 S.W. 111 TERR.	
CITY-ST-ZIP	MIAMI FL 33176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARDNER, DAVID	
2.3 STREET ADDRESS	9716 S.W. 110 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOLDENBERG, JANE	
3.3 STREET ADDRESS	9833 S.W. 111 TERR.	
3.4 CITY-ST-ZIP	MIAMI, FL 33176	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MC NAMARA, BARBARA	
4.3 STREET ADDRESS	9865 S.W. 111 TERR.	
4.4 CITY-ST-ZIP	MIAMI, FL 33176	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard J. Sherin DATE: 4/26/96 DAYTIME PHONE #: 592-1681

CR2E037 (12/95)