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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
C/O MANAGEMENT SOLUTIONS 12350 S.W. 132 CT. STE. 208 MIAMI FL 33186 US  
C/O MANAGEMENT SOLUTIONS 12350 S.W. 132 CT. STE. 208 MIAMI FL 33186-6458 US

3. Date Incorporated or Qualified 02/16/1989  
3a. Date of Last Report 05/01/1996

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

4. FEI Number 65-0105374 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

9. Name and Address of Current Registered Agent  
FIORENTINO, GILBERT  
9100 S. DADELAND BLVD  
SUITE 1500  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
81 Michael E. Rehr Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) 220 Miracle Mile Suite 238  
83  
84 City Coral Gables FL 85 Zip Code 33134

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 *Michael E. Rehr Esq.* (NOTE: Registered Agent signature required when reinstating) DATE 3/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	SHERIN, RICHARD	1.2 NAME	
STREET ADDRESS	9784 S.W. 110 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GARDNER, DAVID	2.2 NAME	
STREET ADDRESS	9716 S.W. 110 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	GOLDENBERG, IRVING	3.2 NAME	GOLDENBERG, JANE
STREET ADDRESS	9833 S.W. 111 TERR.	3.3 STREET ADDRESS	9833 S.W. 111 TERR.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PD	4.1 TITLE	
NAME	MC NAMARA, BARBARA	4.2 NAME	
STREET ADDRESS	9885 S.W. 111 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	NEJNA, MICHAEL	5.2 NAME	
STREET ADDRESS	9816 S.W. 110 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PINCHUK, DIANE	6.2 NAME	
STREET ADDRESS	9834 S.W. 111 TERR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)