

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number
65-0105374

Applied For	Not Applicable
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21. Principal Place of Business c/o David Gardner Suite, Apt. #, etc. 9716 SW 110 St. City & State Miami FL Zip 33176	22. Mailing Address c/o David Gardner Suite, Apt. #, etc. 9716 SW 110 St. City & State Miami FL Zip 33176
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**REHR, MICHAEL E. E
220 MIRACLE MILE
SUITE 238
CORAL GABLES FL 33134**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIN, RICHARD	1.2 NAME	
STREET ADDRESS	9764 S.W. 110 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, DAVID	2.2 NAME	BRENDA HINDS
STREET ADDRESS	9716 S.W. 110 ST.	2.3 STREET ADDRESS	9818 SW 111 TERRACE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDENBERG, JANE	3.2 NAME	ERIC TORRESE
STREET ADDRESS	9839 S.W. 111 TERR.	3.3 STREET ADDRESS	9734 SW 111 TERRACE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC NAMARA, BARBARA	4.2 NAME	DAVID GARDNER
STREET ADDRESS	9865 S.W. 111 TERR.	4.3 STREET ADDRESS	9716 SW 110 STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Treas. 4/14/98 592-1681

CR2E037 (10/97)