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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # N43296   (5)

1. Corporation Name

KINGS GARDENS, SECTIONS 1 AND 2 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 170726￼ HIALEAH FL 33017	P.O. BOX 170726￼ HIALEAH FL 33017

3. Date Incorporated or Qualified	3a. Date of Last Report
05/08/1991	05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0429253	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☒	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No
24	25	29	30	

9. Name and Address of Current Registered Agent

D'ANDELET, RAQUEL
4517 NW 191 ST
MIAMI FL 33055

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 X *Raquel D'Andelet*   3/29/96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D'ANDELET, RAQUEL		1.2 NAME	
STREET ADDRESS	4517 NW 191 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY-ST-ZIP	
TITLE	VD	☒DELETE	2.1 TITLE VD	☒ Change ☐ Addition
NAME	LIPTROT, DUANE		2.2 NAME Evan Robinson	
STREET ADDRESS	4512 NW 191 TERR		2.3 STREET ADDRESS 19333 NW 47 Ave.	
CITY-ST-ZIP	MIAMI FL 33055		2.4 CITY-ST-ZIP Miami FL 33055	
TITLE	TD	☐DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, LYDIA		3.2 NAME	
STREET ADDRESS	19317 NW 45 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055		3.4 CITY-ST-ZIP	
TITLE	S	☒DELETE	4.1 TITLE S	☒ Change ☐ Addition
NAME	SALAZAR, LUIS		4.2 NAME Leticia Courtney	
STREET ADDRESS	19224 NW 46 AVE		4.3 STREET ADDRESS 19355 NW 45 Ave.	
CITY-ST-ZIP	MIAMI FL 33055		4.4 CITY-ST-ZIP Miami FL 33055	
TITLE	D	☐DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HUMBERTO, DELGADO		5.2 NAME	
STREET ADDRESS	19309 NW 45 AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055		5.4 CITY-ST-ZIP	
TITLE	D	☐DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GABRIEL, TUBELLA		6.2 NAME	
STREET ADDRESS	19316 NW 45 AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: x *Raquel N' D'Andelet*   3/29/96   621-3422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #