


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43296 (5) 1. Corporation Name KINGS GARDENS, SECTIONS 1 AND 2 HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 170726 HIALEAH FL 33017		Mailing Address P.O. BOX 170726 HIALEAH FL 33017			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/08/1991 4. FEI Number 65-0429253 Applied For 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DELGADO, HUMBERTO 19309 NW 45TH AVE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHADO, JUAN CARLOS		1.2 NAME	Uribazo, Bertila	
STREET ADDRESS	19337 NW 47TH AVE		1.3 STREET ADDRESS	19151 NW 45 Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, EVAN		2.2 NAME		
STREET ADDRESS	19333 NW 47 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, LYDIA		3.2 NAME	Medina, Idalmis	
STREET ADDRESS	19317 NW 45 AVE		3.3 STREET ADDRESS	19200 NW 45 AVE	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRALDO, ALFONSO		4.2 NAME		
STREET ADDRESS	19320 NW 45TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBERTO, DELGADO		5.2 NAME		
STREET ADDRESS	19309 NW 45 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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		

14. I 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.

SIGNATURE: *[Signature]* Humberto Delgado 4/28/98 1921-1860

CR2E037 (10/97)