FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400

N94000005979 (9)

THE WOODS AT KING'S CREST HOMEOWNERS ASSOCIATION , INC.

FILED Mar 27 1997 8:00am Secretary of State



Principa: Place	or Business	Mailing Address		***************************************		
101 PARK PLAC KISSIMMEE FL	CE BOULEVARD STE. 3 34741	101 PARK PLACE BOULEV KISSIMMEE FL 34741-2365				
				3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last Report 02/21/1996	
	ace of Business	2a. Mailing Address	1	4. FEI Number 59-3282861	Applied	J For
	W Vine St.		line St	39-326260 I	Not App	`
Suite, Apt. f	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additi	
City & State)	City & State	····	6. Election Campaign Financing	\$5.00 May	
B Kissil	mmee Fl	28 Kissimmee	ي ټا	Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Country	8. This corporation has liability for in		.032,
24 3474	9. Name and Address of Current	29 34741	30 USA	Florida Statutes 10. Name and Address of New Reg	Yes No	
	3. Marie and Appleas of Contons	nogistered Agent	81 Name A			
BAKER,	KEN		1	trena Management	nt goore	1C_
	K PLACE BOULEVARD STE. 3		82 Street Add	dress (P.O. Box Number is Not Acceptab	ю)	
	IEE FL 34741		83	<u> </u>		
7.70			84 City,		85 Zip Code	
				ssimmee	FL 347	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statute of Florida, Such change was a	es, the above-named co	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its reg	gistered stered
agent. I ar	n femiliar with, and accept the obliga	tions of Section 617.0503, Flo	orida Statutes	•		310100
SIGNATURE_	Noxothy of the	na D	E: Registered Alient signature req	Hrena 31	122/97	
12.	Signature Typed or publied hame of registered ager OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Additio
NAME	BAKER, KEN		1.2 NAME			
STHEET ADDRESS	1541 Grandview BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP			1
TITLE	VD	DELETE	2.1 TITLE		Change	Additio
NAME	BARNETT, RON		2.2 NAME			
STREET ADDRESS	1673 REGAL OAK DRIVE		2 3 STREET ADDRESS			
CITY-SI-7IP	KISSIMMEE FL 34744 STD	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change	Additio
NAME	BARNETT, CHERYL		3 2 NAME			,
STREET ADDRESS	1673 REGAL OAK DRIVE		3.3 STREET ADDRESS			
City+St-ZiP	KISSIMMEE FL 34744		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-ST-ZiP			4.4 CITY - ST - ZIP			1 42 00
TRUE		☐ DELETE	5.1 TITLE		Change	J Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change	Additio
NAME (E DECETE	6.2 NAME		CT outside CT	1 .100100
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
Gir-Si-zir			0.4 GH12-31-ZIF			

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.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/20/97

(407) 847-3099

Daylime Phone # 0069630