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FILED
May 19 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 # **N97000004576 (1)**

1. Corporation Name

KING'S PARK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1659 HWY. 70 W., LOT 22
OKEECHOBEE FL 34972**

**1659 HWY. 70 W., LOT 22
OKEECHOBEE FL 34972**

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

650793084

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Kings mobile Home park
Suite, Apt. #, etc.**

**26 1659 Hwy 70 W #22
Suite, Apt. #, etc.**

22 22

27

City & State

City & State

**23 Okeechobee FL
Zip Country**

**28
Zip Country**

24 34972

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRANZ, ALEXANDER J
1089 S. FEDERAL HWY 1, SUITE 204
STUART FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President - D.** ☐ DELETE

NAME **Paul Overton**

STREET ADDRESS **1659 Hwy 70 W Lot 34**

CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **V. Pres. - D.** ☐ DELETE

NAME **Michael S. Jones**

STREET ADDRESS **1659 Hwy 70 W Lot 16**

CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **Treasurer - D.** ☐ DELETE

NAME **Rex Allen**

STREET ADDRESS **1659 Hwy 70 W Lot 44**

CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **Secretary - D.** ☐ DELETE

NAME **Penny M. Chassion**

STREET ADDRESS **1659 Hwy 70 W Lot 22**

CITY-ST-ZIP **Okeechobee, FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

4-8-98

CR2E037 (10/97)