

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:36

DOCUMENT # 742175 (3)
1. Corporation Name
KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
6110 KINGSLEY LAKE DR. 6110 KINGSLEY LAKE DR.
STARKE FL 32091-6712 STARKE FL 32091-6712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1978	3a. Date of Last Report 02/18/1994
4. FEI Number 59-1860841	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip Country	28. Zip Country
25. Zip Country	29. Zip Country
30. Zip Country	

9. Name and Address of Current Registered Agent GREEN, R A 200 NE 15TH ST STARKE FL 32091	10. Name and Address of New Registered Agent 81 Name ELIZABETH JARMON 82 Street Address (P.O. Box Number is Not Acceptable) 320 E. CALL STREET 83 84 City STARKE FL 85 Zip Code 32091
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE: Elizabeth Jarmon DATE: 1/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD DIRECTOR	NAME: GREEN, RA STREET ADDRESS: 200 NE 15 ST CITY-ST-ZIP: STARKE FL 32091	1.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: GREEN, RA 1.3 STREET ADDRESS: 200 NE 15 ST. 1.4 CITY-ST-ZIP: STARKE, FL 32091
TITLE: VP PRESIDENT	NAME: JARMON, ELIZABETH STREET ADDRESS: 320 E CALL ST CITY-ST-ZIP: STARKE FL 32091	2.1 TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: JARMON, ELIZABETH 2.3 STREET ADDRESS: 320 E. CALL ST. 2.4 CITY-ST-ZIP: STARKE, FL 32091
TITLE: SD	NAME: TURNER, LANA STREET ADDRESS: 6123 KINGSLEY LAKE DR CITY-ST-ZIP: STARKE FL 32091	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: PERKINS, JEAN STREET ADDRESS: 6109 KINGSLEY LAKE DR CITY-ST-ZIP: STARKE FL 32091	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: ROMANELLI, MIKE STREET ADDRESS: 6239 KINGSLEY LAKE DR CITY-ST-ZIP: STARKE FL 32091	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: CREWS, DAVID STREET ADDRESS: 6220 KINGSLEY LAKE DR CITY-ST-ZIP: STARKE FL 32091	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		8.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	8.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(g), 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: Elizabeth Jarmon President DATE: 1-15-95 904-9124-2004