

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

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



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

3. Date Incorporated or Qualified: **03/23/1978**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-1860841**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**JARMON, ELIZABETH
320 E CALL STREET
STARKE FL 32091**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, RA	
STREET ADDRESS	200 NE 15 ST	
CITY-ST-ZIP	STARKE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JARMON, ELIZABETH	
STREET ADDRESS	320 E CALL ST	
CITY-ST-ZIP	STARKE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TURNER, LANA	
STREET ADDRESS	6123 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERKINS, JEAN	
STREET ADDRESS	6109 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMANELLI, MIKE	
STREET ADDRESS	6239 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREWS, DAVID	
STREET ADDRESS	6220 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: JEAN C. PERKINS 2-26-96 904-533-2639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)