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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
6110 KINGSLEY LAKE DR. STARKE FL 32091-6712  
6110 KINGSLEY LAKE DR. STARKE FL 32091-8729

3. Date Incorporated or Qualified 03/23/1978  
3a. Date of Last Report 03/01/1996  
4. FEI Number 59-1880841 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 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE D  DELETE  
NAME GREEN, RA  
STREET ADDRESS 200 NE 15 ST  
CITY-ST-ZIP STARKE FL  
TITLE P  DELETE  
NAME JARMON, ELIZABETH  
STREET ADDRESS 320 E CALL ST  
CITY-ST-ZIP STARKE FL  
TITLE SD  DELETE  
NAME TURNER, LANA  
STREET ADDRESS 6123 KINGSLEY LAKE DR  
CITY-ST-ZIP STARKE FL 32091  
TITLE TD  DELETE  
NAME PERKINS, JEAN  
STREET ADDRESS 6109 KINGSLEY LAKE DR  
CITY-ST-ZIP STARKE FL 32091  
TITLE D  DELETE  
NAME ROMANELLI, MIKE  
STREET ADDRESS 6239 KINGSLEY LAKE DR  
CITY-ST-ZIP STARKE FL 32091  
TITLE D  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 V. President  Change  Addition  
1.2 NAME Folsom, C. Eugene  
1.3 STREET ADDRESS 4050 Bonnie Lane  
1.4 CITY-ST-ZIP Starke, FL 32091  
2.1 TITLE President  Change  Addition  
2.2 NAME Carter, Brad  
2.3 STREET ADDRESS 6254 Lake Dr.  
2.4 CITY-ST-ZIP Starke, FL 32091  
3.1 TITLE Director  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 Secretary  Change  Addition  
6.2 NAME Murphree, W.E.  
6.3 STREET ADDRESS 3610 NW 24th Terr.  
6.4 CITY-ST-ZIP Gainesville, FL 32605

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: Jean C. Perkins, Deborah Perkins 1-23-97 904-533-2639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6001589

CP2E037 (9/96)