


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90160 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742175
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/23/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1860841
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Murphree W.E. 82 Street Address (P.O. Box Number is Not Acceptable) 3610 NW 29th Terrace 83 84 City Gainesville FL 85 Zip Code 32605
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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]* DATE: 3/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLSOM, EUGENE C.		1.2 NAME	
STREET ADDRESS 4050 BONNE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP STARKE FL		1.4 CITY-ST-ZIP	
TITLE P	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Delegate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARTER, BRAD		2.2 NAME	Andrus, Paul
STREET ADDRESS 6254 LAKE DR.		2.3 STREET ADDRESS	6209 Kingsley Lake Dr.
CITY-ST-ZIP STARKE FL		2.4 CITY-ST-ZIP	Starke, FL 32091
TITLE D	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, LANA		3.2 NAME	
STREET ADDRESS 6123 KINGSLEY LAKE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP STARKE FL		3.4 CITY-ST-ZIP	
TITLE TD	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERKINS, JEAN		4.2 NAME	
STREET ADDRESS 6109 KINGSLEY LAKE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP STARKE FL 32091		4.4 CITY-ST-ZIP	
TITLE D	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Delegate <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMANELLI, MIKE		5.2 NAME	Hipps, Jerry
STREET ADDRESS 6239 KINGSLEY LAKE DR		5.3 STREET ADDRESS	6177-1 Kingsley Lake Dr.
CITY-ST-ZIP STARKE FL 32091		5.4 CITY-ST-ZIP	Starke, FL 32091
TITLE S	S <input type="checkbox"/> DELETE	6.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHREE, W.E.		6.2 NAME	
STREET ADDRESS 3610 N.W. 29TH TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-4-99 DAYTIME PHONE: 904-533-2639

CR2E037 (11/98)