

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 28, 2007  
Secretary of State**

DOCUMENT# N06000000501

Entity Name: KINGSWAY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

214 SHORE CREST DR  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

214 SHORE CREST DR  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-5101566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ARCHERD, FREDERIC M JR.  
214 SHORE CREST DR  
TAMPA, FL 33609    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ARCHERD, FREDERIC M JR.  
Address: 214 SHORE CREST DR  
City-St-Zip: TAMPA, FL 33609

Title: DV      ( ) Delete  
Name: JANSSEN, JASON P  
Address: 3925 COCONUT PALM DR STE 117  
City-St-Zip: TAMPA, FL 33625

Title: DST      ( ) Delete  
Name: CUNNINGHAM, DELTON  
Address: 6522 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERIC M. ARCHERD, JR.

DP

06/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date