

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

**APPROVED AND FILED**

95 APR 24 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N25869 (1)**  
1. Corporation Name  
**KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **1750 CROWN POINTE BLVD. NAPLES FL 33902**  
Mailing Address: **265 AIRPORT ROAD S. NAPLES FL 33902 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/12/1988**  
3a. Date of Last Report: **02/15/1994**  
4. FEI Number: **65-0059013**  
Applied For:  Applied For,  Not Applicable  
5. Certificate of Status Desired:  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible taxes under S. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**WILSON, GARY K.  
4501 TAMAMI TRAIL NORTH  
SUITE 400  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name: **RJP MANAGEMENT ASSOCIATE**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83: **265 AIRPORT ROAD, South**  
84 City: **NAPLES**, 85 Zip Code: **FL 33942**

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: *Ellen Connolly* DATE: 4/12/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRICE, JEFF
STREET ADDRESS	2250 W. CROWN POINTE BLVD., SUITE 228-E
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	HARTWIG, RAPHAEL
STREET ADDRESS	3785 WEYMOUTH CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	SO
NAME	BOISVERT, BARBARA
STREET ADDRESS	1850 W CROWN POINTE BLVD #A104
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	KLECHKA, ERNEST W
STREET ADDRESS	1850 W CROWN POINTE BLVD #A202
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	ROSSI, JOE
STREET ADDRESS	2050 W CROWN POINTE BLVD #C214
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: *Jeff Price* DATE: 4-12-95  
SIGNATURE AND TITLE OF THE REGISTERED OFFICER OR DIRECTOR