

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



Principal Place of Business: **1750 CROWN POINTE BLVD. NAPLES FL 33962**
Mailing Address: **265 AIRPORT ROAD S. NAPLES FL 33492 US**

3. Date Incorporated or Qualified: **04/12/1988**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21 **265 Airport Rd. South**
Suite, Apt. #, etc.
22
City & State
23 **NAPLES, FL.**
Zip Country
24 **33942** 25 **USA**

4. FEI Number: **65-0059013**
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

9. Name and Address of Current Registered Agent
~~WILSON, GARY K~~
RVP MANAGEMENT ASSOCIATES
265 AIRPORT ROAD, SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: **RVP MANAGEMENT ASSOCIATES**
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: _____ DATE: _____
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 <input type="checkbox"/> DELETE
NAME	PRICE, JEFF
STREET ADDRESS	2250 W. CROWN POINTE BLVD., SUITE 226-E
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARTWIG, RAPHAEL
STREET ADDRESS	3785 WEYMOUTH CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BOISVERT, BARBARA
STREET ADDRESS	1859 W CROWN POINTE BLVD #A104
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KLECHKA, ERNEST W
STREET ADDRESS	1850 W CROWN POINTE BLVD #A202
CITY-ST-ZIP	NAPLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ROSSI, JOE
STREET ADDRESS	2050 W CROWN POINTE BLVD #C214
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jeff Price* **4/22/96** 941/643-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)