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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90272 046 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N25869**

1. Corporation Name

**KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

265 AIRPORT RD SOUTH  
 NAPLES FL ~~34101~~  
 US

Mailing Address

265 AIRPORT ROAD S.  
 NAPLES FL 34104  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/12/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0059013

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip 34104 Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R & P MANAGEMENT ASSOCIATES  
 RVP MANAGEMENT ASSOCIATES  
 265 AIRPORT ROAD,SOUTH  
 NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34104

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]*

4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME PRICE, JEFF  
 STREET ADDRESS 2250 W. CROWN POINTE BLVD., SUITE 226-E  
 CITY-ST-ZIP NAPLES FL

1.1 TITLE  Change  Addition  
 1.2 NAME GARY MART  
 1.3 STREET ADDRESS 104 HERITAGE WAY  
 1.4 CITY-ST-ZIP NAPLES FL 34110

TITLE D  DELETE  
 NAME HARTWIG, RAPHAEL  
 STREET ADDRESS 3785 WEYMOUTH CIRCLE  
 CITY-ST-ZIP NAPLES FL

2.1 TITLE  Change  Addition  
 2.2 NAME BARBARA BOISVERT  
 2.3 STREET ADDRESS 17934 OAK MOUNT RIDGE DR  
 2.4 CITY-ST-ZIP FLEMINGSBURG, FL 32912

TITLE SD  DELETE  
 NAME BOISVERT, BARBARA  
 STREET ADDRESS 1859 W CROWN POINTE BLVD #A104  
 CITY-ST-ZIP NAPLES FL

3.1 TITLE  Change  Addition  
 3.2 NAME SHILBY McNAMARA  
 3.3 STREET ADDRESS 2150 CROWN POINTE BLVD  
 3.4 CITY-ST-ZIP NAPLES FL 34112

TITLE TD  DELETE  
 NAME KLECHKA, ERNEST W  
 STREET ADDRESS 1850 W CROWN POINTE BLVD #A202  
 CITY-ST-ZIP NAPLES FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME ROSSI, JOE  
 STREET ADDRESS 2050 W CROWN POINTE BLVD #C214  
 CITY-ST-ZIP NAPLES FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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)(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, with all other like empowered.

SIGNATURE *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)