

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N25869****1. Entity 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****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0059013

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**R & P MANAGEMENT ASSOCIATES
RVP MANAGEMENT ASSOCIATES
265 AIRPORT ROAD,SOUTH
NAPLES FL 34104 USName
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code**8. 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** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MCNAMARA SHIRLEY	2150 CROUSE POINT BLVD	NAPLES FL 34112	<input type="checkbox"/>
VD	ROSSI JOE	2050 W CROWN POINTE BLVD #C214	NAPLES FL	<input type="checkbox"/>
TD	KLECHKA ERNEST W	1850 W CROWN POINTE BLVD #A202	NAPLES FL	<input type="checkbox"/>
SD	BOISVERT BARBARA	1859 W CROWN POINTE BLVD #A104	NAPLES FL	<input type="checkbox"/>
SD	BOISUART BARBARA	17934 OAK MT. RIDGE DR.	FT MYERS FL	<input type="checkbox"/>
PD	MART GARY	104 HERITAGE WAY	NAPLES FL 34110	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SD	TOSCANO LILLIAN	2250 CROWN POINTE BLVD.	NAPLES FL 34112	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	PRICE JEFF	4050 32ND. AVE S.W.	NAPLES FL 34116	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: JEFF PRICE PD 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)