

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N25869

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT RD SOUTH
NAPLES, FL 34101 US

New Principal Place of Business:

265 AIRPORT RD SOUTH
NAPLES, FL 34104 US

Current Mailing Address:

265 AIRPORT ROAD S.
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0059013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P MANAGEMENT ASSOCIATES
RVP MANAGEMENT ASSOCIATES
265 AIRPORT ROAD, SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

R & P MANAGEMENT ASSOCIATES
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

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: GLENN CARROLL 04/30/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRICE, JEFF
Address: 4050 32ND. AVE S.W.
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: TOSCANO, LILLIAN
Address: 2250 CROWN POINTE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Delete
Name: BOISVERT, BARBARA
Address: 1859 W CROWN POINTE BLVD #A104
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: KLECHKA, ERNEST W
Address: 1850 W CROWN POINTE BLVD #A202
City-St-Zip: NAPLES, FL

Title: VD () Delete
Name: ROSSI, JOE
Address: 2050 W CROWN POINTE BLVD #C214
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: MCNAMARA, SHIRLEY
Address: 2150 CROCUSE POINT BLVD
City-St-Zip: NAPLES, FL 34112

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:

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 for the exemption stated in Section 119.07(3)(i), 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: JEFF PRICE PD 04/30/2002

Electronic Signature of Signing Officer or Director Date