

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25869

FILED
Apr 11, 2006
Secretary of State

Entity Name: KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT RD SOUTH
NAPLES, FL 34104 US

New Principal Place of Business:

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
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

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

Title: VPD () 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: PD (X) Change () Addition
Name: KLECHKA, ERNEST
Address: 1850 W CROWN PT BLVD #202A
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: TOSCANO, LILLIAN
Address: 2250 CROWN POINTE BLVD. #126E
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: NOBLE, DEBBIE
Address: 2050 W CROWN POINTE BLVD #212C
City-St-Zip: NAPLES, FL

Title: VPD (X) Change () Addition
Name: ROSSI, JOE
Address: 2050 W CROWN POINTE BLVD #214C
City-St-Zip: NAPLES, FL

Title: D (X) Change () Addition
Name: MCNAMARA, SHIRLEY
Address: 2150 CROCUSE POINT BLVD #215D
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GLENN CARROLL

PRES

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date