


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90003 018 ****61.25

DOCUMENT # N25869

1. Entity Name
KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4100 CORPORATE SQUARE SUITE 116 NAPLES, FL 34104 US

Mailing Address
4100 CORPORATE SQUARE SUITE 116 NAPLES, FL 34104 US

40046231



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

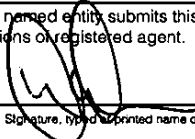
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02062008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**PROPERTY MANAGEMENT OF NAPLES, INC.
 4100 CORPORATE SQUARE SUITE 116 NAPLES, FL 34104**

7. Name and Address of New Registered Agent
 Name **Compass Group**
 Street Address (P.O. Box Number is Not Acceptable) **7400 Tamiami Trail North**
SUITE 101
 City **Naples** FL Zip Code **34108**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/12/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANKIN, AMIE PRES	
STREET ADDRESS	2250 WEST CROWN POINTE UNIT E124	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRENIER, DEBRA VP	
STREET ADDRESS	2350 WEST CROWN POINTE BLVD. UNIT F229	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUNDMAN, JOYE TREAS	
STREET ADDRESS	2050 WEST CROWN POINTE BLVD UNIT C109	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NOWICKI, ALICE SEC	
STREET ADDRESS	2050 W CROWN POINTE BLVD UNIT C114	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDIATE, MARIE DIR	
STREET ADDRESS	1950 WEST CROWN POINTE UNIT B205	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA CINQUEGRANA VP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marie Mediate Secretary Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR