

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25869

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANCE MANAGEMENT, LLC  
4100 CORPORATE SQUARE STE 155  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIANCE MANAGEMENT, LLC  
4100 CORPORATE SQUARE STE 155  
NAPLES, FL 34104

**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:**

KNOLL, RICHARD H CAM  
ALLIANCE MANAGEMENT, LLC  
4100 CORPORATE SQUARE STE 155  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

KNOLL, RICHARD H  
ALLIANCE MANAGEMENT, LLC  
4100 CORPORATE SQUARE STE 155  
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: RICHARD H. KNOLL

04/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RANKIN, AMIE  
Address: 2250 WEST CROWN POINTE UNIT E124  
City-St-Zip: NAPLES, FL 34112

Title: P  
Name: CINQUEGRANA, DEBRA  
Address: 2350 WEST CROWN POINTE BLVD. UNIT F229  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: SUNDMAN, JOYE TREAS  
Address: 2050 WEST CROWN POINTE BLVD UNIT C109  
City-St-Zip: NAPLES, FL 34112

Title: S  
Name: MEDIATE, MARIE DIR  
Address: 1950 WEST CROWN POINTE UNIT B205  
City-St-Zip: NAPLES, FL 34112

Title: T  
Name: JERILIMO, JERRY  
Address: 1950 WEST CROWN POINTE UNIT B105  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: DEBRA CINQUEGRANA

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date