

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25869

FILED
Mar 13, 2012
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
ALLIANCE MANAGEMENT, LLC
4100 CORPORATE SQUARE STE 155
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: P
Name: CINQUEGRANA, DEBRA
Address: 2350 WEST CROWN POINTE BLVD. UNIT F229
City-St-Zip: NAPLES, FL 34112

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

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

Title: S
Name: SCOFIELD, LUCY
Address: 127 RIDGE PARK AVENUE
City-St-Zip: STAMFORD, CT 06905

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

03/13/2012

Electronic Signature of Signing Officer or Director

Date