FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37365 (6)

1. Corporation Name

KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
% ESTHER GOTTLIEB
~~% JOAN CARNEY~~
15 KINGSWOOD A
W. PALM BEACH FL 33417

Mailing Address
% FRANCES AUGENBLICK
452 DOVER C
WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 10/30/1995

2. Principal Place of Business
21 15 KINGSWOOD A
22 Suite, Apt. #, etc.: 15 KINGSWOOD A
23 City & State: W. PALM BCH., FL
24 Zip: 33417 25 Country: U.S.A.

2a. Mailing Address
26 452 DOVER C
27 Suite, Apt. #, etc.:
28 City & State: W PALM BCH., FL
29 Zip: 33417 30 Country: U.S.A

4. FEI Number: 65-0191925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUGEBLICK, FRANCES
452 DOVER C
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	VICE PRES.	☐ Change ☒ Addition
NAME	CARNEY, JOAN		12 NAME	ESTHER GOTTLIEB	
STREET ADDRESS	KINGSWOOD A12		13 STREET ADDRESS	15 KINGSWOOD A	
CITY-ST-ZIP	W. PALM BEACH FL		14 CITY-ST-ZIP	W.P.B., FL 33417	
TITLE	VD	☒ DELETE	21 TITLE	PRES.	☒ Change ☐ Addition
NAME	AUGENBLICK, LOUIS		22 NAME	LOUIS AUGENBLICK	
STREET ADDRESS	452 DOVER C		23 STREET ADDRESS	452 DOVER C	
CITY-ST-ZIP	W. PALM BEACH FL 33417		24 CITY-ST-ZIP	W.P.B., FL 33417	
TITLE	DST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	AUGENBLICK, FRANCES		32 NAME		
STREET ADDRESS	452 DOVER C		33 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33417		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GOLDLUST, FAY		42 NAME		
STREET ADDRESS	KINGSWOOD A-2		43 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BERGER, RHEA		52 NAME		
STREET ADDRESS	KINGSWOOD A1		53 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GROSSMAN, LILLIAN C		62 NAME		
STREET ADDRESS	KINGSWOOD A14		63 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances Augenblick 1/16/96 (407)686-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANCES AUGENBLICK