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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-03-2001 91099 004 ****61.25

DOCUMENT # N37365

1. Entity Name

KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
AVEYARD ROBERT 5 KINGSWOOD A WEST PALM BEACH FL 33417 US	AVEYARD ROBERT 5 KINGSWOOD A WEST PALM BEACH FL 33417 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

AUGEBLICK, FRANCES
452 DOVER C
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name: JOAN. CARNEY
Street Address (P.O. Box Number is Not Acceptable): 12 KINGSWOOD A
City: W. P. B. FL Zip Code: 33417

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.

SIGNATURE: Joan Carney - JOAN CARNEY DATE: May 23, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARNEY, JOAN 12 KINGSWOOD A W PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDWARD UGARTE 20 KINGSWOOD A W.P.B. FL. 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST AUGENBLICK, FRANCES 452 DOVER C W. PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LILLIAN STEINBERG 7 KINGSWOOD A W.P.B., FL. 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDLUST, FAY KINGSWOOD A-2 W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY GUSTAM 14 KINGSWOOD A W.P.B., FL. 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERGER, RHEA KINGSWOOD A1 W. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARGIE CAMPBELL 17 KINGSWOOD A W.P.B., FL. 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O AVEYARD, ROBERT 5 KINGSWOOD A WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOAN. CARNEY 12 KINGSWOOD A W.P.B., FL. 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joan Carney JOAN CARNEY - Pres. 561-640-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #