2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State
02-24-2006 90013 040 ****61.25

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1. Entity Name
KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROBERT AVEYARD 5 KINGSWOOD A WEST PALM BEACH, FL 33417 US	2400 CENTRE PARK W DRIVE SUITE 175 W PALM BEACH, FL 33409

01202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 175
City & State	City & State W Palm Bch. Fl
Zip / Country	Zip 33409 / Country USA

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	7. Name and Address of New Registered Agent
FIELDS, ROSELYN 1 KINGSWOOD AVE WEST PALM BEACH, FL 33417	Name Susan Maldonado Street Address (P.O. Box Number is Not Acceptable) 15 Kingswood A City W. Palm Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Susan Maldonado 2/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AVEYARD, BOB 5 KINGSWOOD A WEST PALM BEACH, FL 33409	☐ Delete	TITLE TD NAME SUSAN MALDONADO STREET ADDRESS 15 Kingswood A CITY-ST-ZIP W Palm Bch. Fl 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FIELDS, ROSELYN 1 KINGSWOOD A W. PALM BEACH, FL 33417	☒ Delete	TITLE D NAME MARGE CAMPBELL STREET ADDRESS 17 Kingswood A CITY-ST-ZIP W. Palm Bch. Fl 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MONGIELLO, PATRICIA 10 KINGSWOOD A WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME FIELDS, ROSELYN D STREET ADDRESS 1 Kingswood A CITY-ST-ZIP W Palm Bch. Fl 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FIELDS, ROSELYN no longer TREASURER 1 KINGSWOOD A WEST PALM BEACH, FL 33417	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONGIELLO, FRANK 10 KINGS WOOD A WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALDONADO, LUIS 15 KINGSWOOD A WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Frank Mongiello FRANK MONGIELLO 2/19/06 561 640-5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #