

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90008 040 ****61.25

DOCUMENT # N98000006537

1. Entity Name

Kingsway Oaks Phase II Homeowners' Association, *INC.*

Principal Place of Business

Mailing Address

P.O. Box 1528
 Valrico, FL 33595

P.O. Box 1528
 Valrico, FL 33595

2. Principal Place of Business

2207 Towering Oaks Cir

3. Mailing Address

2207 Towering Oaks Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Seffner, FL

4. FEI Number

75-2718208

Applied For

Not Applicable

Zip

Country

33584

Zip

Country

33584

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

James, Judith L.
 325 S Boulevard
 Tampa, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Conlin, Eileen E	
STREET ADDRESS	PO Box 44 N/A	
CITY-ST-ZIP	Rowlett, TX 75030	
TITLE	D/D	<input checked="" type="checkbox"/> Delete
NAME	Roan, Bobby	
STREET ADDRESS	P.O. Box 44 N/A	
CITY-ST-ZIP	Rowlett, TX 75030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Garner, James	
STREET ADDRESS	P.O. Box 44 N/A	
CITY-ST-ZIP	Rowlett, TX 75030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schnitzler, Chris	
STREET ADDRESS	2325 Towering Oaks Circle	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howle, Gabrielle	
STREET ADDRESS	2207 Towering Oaks Circle	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freeman, Maria	
STREET ADDRESS	2331 Towering Oaks Circle	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Gabrielle Howle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01
 Date

(813)655-1094
 Daytime Phone #

CR2E037 (11/00)