

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2005
Secretary of State**

DOCUMENT# N98000006537

Entity Name: KINGSWAY OAKS PHASE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

P O BOX 1824
SEFFNER, FL 33583 US

Current Mailing Address:

New Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575 US

FEI Number: 75-2718208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KING, DEE A
409 E. COLLEGE AVE
RUSKIN, FL 33570 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEVERIDGE, BOB
Address: 2202 TOWERING OAKS CIRCLE
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Delete
Name: KENNEDY, BETTY
Address: 2236 TOWERING OAKS CIR
City-St-Zip: SEFFNER, FL 33584

Title: TD (X) Change () Addition
Name: BURKETT, RONALD
Address: 2304 TOWERING OAKS CIR
City-St-Zip: SEFFNER, FL 33584

Title: PD () Delete
Name: CORBETT, JENNIFER
Address: 2253 TOWERING OAKS CIR
City-St-Zip: SEFFNER, FL 33584

Title: PD (X) Change () Addition
Name: DESTEFANIS, ROBERT
Address: 2323 TOWERING OAKS CIR
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DESTEFANIS

PD

02/16/2005

Electronic Signature of Signing Officer or Director

Date