

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000501

**Entity Name:** KINGSWAY ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**4027425481CC**

**Current Principal Place of Business:**

C/O BREEZE  
2161 EAST COUNTY ROAD 540A #225  
LAKELAND, FL 33813

**Current Mailing Address:**

C/O BREEZE  
2161 EAST COUNTY ROAD 540A #225  
LAKELAND, FL 33813 US

**FEI Number: 20-5101566**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BREEZE  
C/O BREEZE  
2161 EAST COUNTY ROAD 540A #225  
LAKELAND, FL 33813 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: LORI DANN**

**04/18/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAUCOM, WALTER  
Address        C/O BREEZE  
                  2161 EAST COUNTY ROAD 540A #225

City-State-Zip: LAKELAND FL 33813

Title            TREASURER  
Name            DUBRA, RAEL  
Address        C/O BREEZE  
                  2161 EAST COUNTY ROAD 540A #225

City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            JACKSON, GERALD  
Address        C/O BREEZE  
                  2161 EAST COUNTY ROAD 540A #225

City-State-Zip: LAKELAND FL 33813

Title            SECRETARY  
Name            BUFFA, LINDA  
Address        C/O BREEZE  
                  2161 EAST COUNTY ROAD 540A #225

City-State-Zip: LAKELAND FL 33813

Title            VP  
Name            GRIFONI, PAUL  
Address        C/O BREEZE  
                  2161 EAST COUNTY ROAD 540A #225

City-State-Zip: LAKELAND FL 33813

*I hereby 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 all other like empowered.*

**SIGNATURE: WALTER BAUCOM**

**PRESIDENT**

**04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date