

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000501

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

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2180350602CC**

**Current Principal Place of Business:**

5450 BRUCE B. DOWNS BLVD. 309  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

5450 BRUCE B. DOWN BLVD.  
SUITE 309  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PREMIUM SOLUTIONS GROUP  
5450 BRUCE B. DOWNS BLVD. 309  
WESLEY CHAPEL, FL 33544 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:** CHERLENE ADEWUNMI

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAUCOM, WALTER  
Address        5450 BRUCE B. DOWNS BLVD. 309  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            DIRECTOR  
Name            BUFFA, LINDA  
Address        5450 BRUCE B. DOWN BLVD.  
                 SUITE 309  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            SECRETARY/TREASURER  
Name            POOLE, DONALD  
Address        5450 BRUCE B. DOWNS BLVD. 309  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            VP  
Name            DUBRA, RAEL  
Address        5450 BRUCE B. DOWNS BLVD. 309  
                 WESLEY CHAPEL  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            DIRECTOR  
Name            GRIFONI, PAUL  
Address        5450 BRUCE B. DOWNS BLVD. 309  
City-State-Zip: WESLEY CHAPEL FL 33544

*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

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date