

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000501

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

**FILED**  
**Apr 06, 2020**  
**Secretary of State**  
**8157482886CC**

**Current Principal Place of Business:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET, SUITE 300  
KISSIMMEE, FL 34744

**Current Mailing Address:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET, SUITE 300  
KISSIMMEE, FL 34744 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ARTEMIS LIFESTYLE SERVICES, INC.  
1631 EAST VINE STREET  
SUITE 300  
KISSIMMEE, FL 32837 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: DAVID BURMAN**

**04/06/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAUCOM, WALTER  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET, SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            SECRETARY  
Name            BUFFA, LINDA  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET, SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            VP  
Name            POOLE, DONALD  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET, SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            DIRECTOR  
Name            DUBRA, RAEL  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET, SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            TREASURER  
Name            GRIFONI, PAUL  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET, SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

*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**

**04/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date