

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25869

**Entity Name:** KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 07, 2022**  
**Secretary of State**  
**7477597253CC**

**Current Principal Place of Business:**

FLORIDA COASTAL ASSOC. MGMT  
3806 EXCHANGE AVENUE  
NAPLES, FL 34104

**Current Mailing Address:**

FLORIDA COASTAL ASSOC MGMT  
3806 EXCHANGE AVENUE  
NAPLES, FL 34104 US

**FEI Number: 65-0059013**

**Certificate of Status Desired: No**

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

COSTELLO, LINDA  
FLORIDA COASTAL ASSOC. MGMT  
3806 EXCHANGE AVENUE  
NAPLES, FL 34104 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:** LINDA COSTELLO

04/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           RICE, CHAROLETTE  
Address        FLORIDA COASTAL ASSOC MGMT  
                  3806 EXCHANGE AVENUE  
City-State-Zip: NAPLES FL 34104

Title           PRESIDENT  
Name           LAURITE, EDWARD  
Address        1850 W. CROWN POINTE BLVD  
                  A204  
City-State-Zip: NAPLES FL 34112

Title           SECRETARY  
Name           THERIAULT, MARIO  
Address        2120 RUE D'ARIEL  
City-State-Zip: QUEBEC, CANADA OC

Title           DIRECTOR  
Name           RUSSEL-HOLMES, GEORGIA  
Address        2150 W CROWN POINTE BLVD  
                  #D119  
City-State-Zip: NAPLES FL 34112

Title           VP  
Name           CRISPINO, KIMBERLY  
Address        FLORIDA COASTAL ASSOC MGMT  
                  3806 EXCHANGE AVENUE  
City-State-Zip: NAPLES FL 34104

*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:** EDWARD LAURITE

**PRESIDENT**

04/07/2022

Electronic Signature of Signing Officer/Director Detail

Date