

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37365

Entity Name: KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**10 KINGSWOOD A
WEST PALM BEACH, FL 33417**Current Mailing Address:**KINGSWOOD A C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US**FEI Number:** 65-0191925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONGIELLO, FRANK
10 KINGSWOOD A
WEST PALM BEACH, FL 33417 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**Officer/Director Detail :**

Title	P
Name	MONGIELLO, FRANK
Address	10 KINGSWOOD A
City-State-Zip:	WEST PALM BEACH FL 33417

Title	T
Name	MALDONADO, SUSAN
Address	15 KINGSWOOD A
City-State-Zip:	WEST PALM BEACH FL 33417

Title	S
Name	MONGIELLO, PATRICIA
Address	10 KINGSWOOD A
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	MALDONADO, LUIS
Address	10 KINGSWOOD A
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	CORTES, GEORGE
Address	16 KINGSWOOD A
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	SILVERSTEIN, JACOB
Address	11 KINGSWOOD A
City-State-Zip:	WEST PALM BEACH FL 33417

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: PATRICIA MONGIELLO**SECRETARY****03/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date