

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90142 023 ****61.25

DOCUMENT # 704835

1. Entity Name

KINGSWOOD MANOR ASSOCIATION INC

Principal Place of Business

Mailing Address

1737 BALTIMORE DRIVE
 ORLANDO FL 32810-4975

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 ORLANDO FL 32810-4975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3189102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDGREN, SHARON
5516 IMPERIAL AVENUE
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	HATFIELD, ROGER	1220 BEATRICE DR.	ORLANDO FL 32810	VP	McFadden, Thomas	1708 Beatrice Drive	Orlando, FL. 32810
P	LINDGREN, LENNY	5516 IMPERIAL AVE	ORLANDO FL				
D	WILKINSON, BERTHA	5515 IMPERIAL DR.	ORLANDO FL				
D	TUZZEO, MARIA	5510 DAVISSON AVENUE	ORLANDO FL	T	Lois Wilkerson	1609 Beatrice Drive	Orlando, FL. 32810
S	LINDGREN, SHARON	5516 IMPERIAL DRIVE	ORLANDO FL				
T	FULTON, NORMAN	1301 LEEWAY AVENUE	ORLANDO FL	D	Fulton, Norman	1301 Leeway Avenue	Orlando, FL. 32810

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman Fulton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000 (407) 647-6965
 Date Daytime Phone #

CR2E037 (9/99)