

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0013337

03-03-2002 90112 036 ****61.25

DOCUMENT # 704835

1. Entity Name

KINGSWOOD MANOR ASSOCIATION INC

Principal Place of Business

Mailing Address

1737 BALTIMORE DRIVE
 ORLANDO FL 32810-4975

1737 BALTIMORE DRIVE
 ORLANDO FL 32810-4975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3189102

Applied For

Not Applicable

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: FEE 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	P	<input checked="" type="checkbox"/> Delete
NAME	MCFADDEN, THOMAS	
STREET ADDRESS	1708 BEATRICE DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HINMAN, PAT	
STREET ADDRESS	1627 LEEWAY DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, BERTHA	
STREET ADDRESS	5515 IMPERIAL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKERSON, LOIS	
STREET ADDRESS	1609 BEATRICE DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDGREN, SHARON	
STREET ADDRESS	5516 IMPERIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FULTON, NORMAN	
STREET ADDRESS	1301 LEEWAY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32810	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDGREN, LENNY	
STREET ADDRESS	5516 IMPERIAL DR	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* SIGNATURE REQUIRED 2/13/02 (407) 647-6965

CR2E037 (9/01)