FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2950 S.E. OCEAN BLVD.



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00an

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735814

(6)

Mailing Address

2850 S.E. OCEAN BLVD.

KINGSWOOD, PHASE I, INC.

CLUBHOUSE PHASE I STUART FL 34996			CLUBHOUSE PHASE I STUART FL 34996-3542				
STUART PL 34	590	SIUANI PL 348	80-3342		3. Date Incorporated or Qualified 05/14/1976	3a. Date of Last Report 04/05/1996	
2. Principal Place of Business		2a. Mailing Add	iress	·	4. FEI Number	Applied For	
21		26			59-1695575	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. i	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State		City & State	⊢ ¬ ′		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		ountry	8. This corporation has liability for i		
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30	<u> </u>		Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				61 Name			
LUKKASON, CATHERINE D.				82 Street Address (P.O. Box Number is Not Acceptable)		le)	
	E. OCEAN BLVD. #15-2						
STUART	FL 34996			83			
				84 City		85 Zip Code	
						FL ` i	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida State and Inches of Florida State and							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.							
SIGNATURE	Carkerine W	THEKCAN			•	1112/97	
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registe		required when reinstating)	DATE	
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	[X] [ELETE 1.1	TITLE	PD	Change Addition	
NAME	GEARY, WILLIAM H.		1.2	NAME	LARSEN, JOHN		
STREET ADDRESS	2950 SE OCEAN BLVD		1.3	STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY - ST - ZIP	2950 SE OCEAN BLVD		
TITLE	D	ĹŻĮ [DELETE 2,1	TITLE	STUART FL	Change Addition	
NAME	DUXBURY, GERALD		2.2	NAME	D INDEAN OF THE PROPERTY OF TH		
STREET ADDRESS	2950 S E OCEAN BLVD		2.3	STREET ADDRESS	FRED ULBRICH		
CHTY-ST-ZIP	STUART FL			CITY-ST-ZIP	2950 SE OCEAN BLVD		
TITLE	SD		DELETE 3.1	TITLE	STUART FL	Change Addition	
NAME	NEASE, LUCILLE		3.2	NAME			
STREET ADDRESS	2950 S.W. OCEAN BLVD.		3.3	STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP			
TITLE	TD	Ŋ	ELETE 4.1	TITLE	TD	Change Addition	
NAME	LUKKASON, LESTER	•.	4.2	NAME	MARIO DAVI	• —	
STREET ADDRESS	2950 SE OCEAN BLVD		433	STREET ADDRESS	2950 SE OCEAN BLVD		
CITY - ST - ZIP	STUART FL		4.41	CITY+ST-ZIP	STUART FI	1	
TITLE	DS	, IXI o	ELETE 51	TITLE		☐ Change ☐ Addition	
NAME	DAVI, MARIO	t.	5.21	NAME	DS	j — """]	
STREET ADDRESS	2930 SE OCEAN BLVD	•	5.3 3	STREET ADDRESS	PAT DANIELS	1	
CITY - ST - ZIP	STUART FL		5.4 (CITY-ST-ZIP	2950 SE OCEAN BLVD	j	
TITLE	D	IXI D	B. B. S. S.	TITLE	STUART FL	Change Addition	
NAME	HARM, ARTHUR		6.21	NAME	D	- No band recolled)	
STREET ADDRESS	2950 S.E. OCEAN BLVD.		6.3 \$	STREET ADDRESS	ART STEINER		
CITY - ST - ZIP	STUART FL		6.4 0	CITY-ST-ZIP	2050 SE OCEAN BLUD		
14. I do hereb	by certify that the information suppli	ed with this filing does	not qualify for the	exemption sta	ated in Section 119.07(3)(i), Florida Statutes.	I furtise control that Ita	
14. I do 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 annual report or supplemental annual report is to and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if Charged, of on an affactories with an address.							
appears in Block 12 or Block 13 if charged, of on an attachment with an address							