

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 735814 (6)
 1. Corporation Name
KINGSWOOD, PHASE I, INC.



Principal Place of Business 2950 S.E. OCEAN BLVD. CLUBHOUSE PHASE I STUART FL 34996	Mailing Address 2950 S.E. OCEAN BLVD. CLUBHOUSE PHASE I STUART FL 34996
---	---

3. Date Incorporated or Qualified 05/14/1976	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1695575		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LUKASON, CATHERINE D.
 2950 S.E. OCEAN BLVD. #15-2
 STUART FL 34996**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, JOHN	1.2 NAME	
STREET ADDRESS	2950 S.E. OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULBRICH, FRED	2.2 NAME	
STREET ADDRESS	2950 S E OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEASE, LUCILLE	3.2 NAME	
STREET ADDRESS	2950 S.W. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVI, MARIO	4.2 NAME	
STREET ADDRESS	2950 SE OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PAT	5.2 NAME	
STREET ADDRESS	2930 SE OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, ART	6.2 NAME	
STREET ADDRESS	2950 S.E. OCEAN BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, JOHN	1.2 NAME	
STREET ADDRESS	2950 S.E. OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULBRICH, FRED	2.2 NAME	
STREET ADDRESS	2950 S E OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEASE, LUCILLE	3.2 NAME	
STREET ADDRESS	2950 S.W. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVI, MARIO	4.2 NAME	
STREET ADDRESS	2950 SE OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PAT	5.2 NAME	
STREET ADDRESS	2930 SE OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, ART	6.2 NAME	
STREET ADDRESS	2950 S.E. OCEAN BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: _____ DATE: **4/7/98** **781-1349**

CR2E037 (10/97)