

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90006 042 ****61.25

DOCUMENT # 735814

1. Entity Name

KINGSWOOD, PHASE I, INC.

Principal Place of Business

Mailing Address

2950 S.E. OCEAN BLVD.
 CLUBHOUSE PHASE I
 STUART FL 34996

2950 S.E. OCEAN BLVD.
 CLUBHOUSE PHASE I
 STUART FL 34996-3542

C0052859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1695575

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

LUKKASON, CATHERINE D.
 2950 S.E. OCEAN BLVD. #15-2
 STUART FL 34996

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

Catherine D. Lukkason

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

**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	PD	<input type="checkbox"/> Delete
NAME	LARSEN, JOHN	
STREET ADDRESS	2950 S.E. OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HART, CHARLES	
STREET ADDRESS	2950 S E OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEASE, LUCILLE	
STREET ADDRESS	2950 S.W. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVI, MARIO	
STREET ADDRESS	2950 SE OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DANIELS, PAT	
STREET ADDRESS	2930 SE OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HABEL, ROBERT	
STREET ADDRESS	2950 SE OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, MAE	
STREET ADDRESS	2950 S.E. Ocean Blvd.	
CITY-ST-ZIP	Stuart, Fl. 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELE, BERNICE	
STREET ADDRESS	2950 S.E. Ocean Blvd.	
CITY-ST-ZIP	Stuart, Fl. 34996	

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 the empowered.

SIGNATURE:

John W. Larsen
JOHN W. LARSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

Date

Daytime Phone #

CR2E037 (9/99)