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Secretary of State
04-14-2008 90043 023 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 735814

1. Entity Name
KINGSWOOD, PHASE I, INC.

400677U4

Principal Place of Business	Mailing Address
KINGWOOD PHASE I CLUB HOUSE STUART, FL 34996	2950 S.E. OCEAN BLVD. CLUBHOUSE PHASE I STUART, FL 34996

04012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1695575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAVOIE, ANDRE
2950 SE OCEAN BLVD BLDG 7 APT 4
STUART, FL 34996

7. Name and Address of New Registered Agent

Name Mark Ward

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

2950 SE Ocean Blvd - Bldg 1 - apt 5

City Stuart, FL Zip Code 34996

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark Ward 4/1/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOUDEN, JOHN KINGSWOOD ONE STUART, FL 34996	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ward, Mark Kingswood One Stuart, Fl 34996	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULZE, BOB KINGSWOOD ONE STUART, FL 34996	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mae Stewart Kingswood One Stuart, Fl 34996	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEWART, MAE KINGSWOOD ONE STUART, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Patty Larsen Kingswood One Stuart, Fl 34996	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAVOIE, ANDRE KINGSWOOD ONE STUART, FL 34996	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gene Sobolewski Kingswood One Stuart, Fl 34996	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARD, MARK KINGSWOOD ONE STUART, FL 34996	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ruth Schus Kingswood One Stuart, Fl 34996	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT, MARCELA KINGSWOOD ONE STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marcela Albert Kingswood One Stuart, Fl 34994	☐ Change ■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mae Stewart - VP/Sec 4-03-08 772-286-4576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #