2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735814

Entity Name: KINGSWOOD, PHASE I, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

KINGWOOD PHASE I 2950 SE OCEAN BLVD.
CLUB HOUSE CLUBHOUSE PHASE 1
STUART, FL 34996 STUART, FL 34996

Current Mailing Address: New Mailing Address:

2950 S.E. OCEAN BLVD.2950 SE OCEAN BLVD.CLUBHOUSE PHASE ICLUBHOUSE PHASE 1STUART, FL 34996STUART, FL 34996

FEI Number: 59-1695575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARD, MARK
2950 SE OCEAN BLVD. BLDG 1-APT 5
STUART, FL 34996
US
WARD, MARK A
2950 SE OCEAN BLVD.
BUILDING 1, APT. 5
STUART, FL 34996 US

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: MARK A. WARD 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 WARD, MARK
 Name:
 WARD, MARK A

 Address:
 KINGSWOOD ONE
 Address:
 2950 SE OCEAN BLVD.

Address: KINGSWOOD ONE Address: 2950 SE OCEAN BLVL
City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

Title: V () Delete Title: VPD (X) Change () Addition
Name: STEWART, MAE Name: STEWART, MAE

Address: 2059 SE OCEAN BLVD

Address: KINGSWOOD ONE Address: 2950 SE OCEAN BLVD. City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

Title: S () Delete Title: SD (X) Change () Addition

 Name:
 STEWART, MAE
 Name:
 STEWART, MAE

 Address:
 KINGSWOOD ONE
 Address:
 2950 SE OCEAN BLVD.

 City-St-Zip:
 STUART, FL
 STUART, FL 34996

 $\label{eq:title:definition} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 SOBOLESKI, GENE
 Name:
 LARSEN, PATRICIA

 Address:
 KINGSWOOD ONE
 Address:
 2950 SE OCEAN BLVD.

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34996

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCHOO, RUTH
 Name:
 SCHOO, RUTH

 Address:
 KINGSWOOD ONE
 Address:
 2950 SE OCEAN BLVD.

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34996

Title: D () Delete Title: D (X) Change () Addition

Name: ALBERT, MARCELA Name: ALBERT, MARCEL
Address: KINGSWOOD ONE Address: 2950 SE OCEAN BLVD.
City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZ DIAZ LCAM 05/01/2009

Electronic Signature of Signing Officer or Director

Date