

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 27, 2007 8:00 am  
Secretary of State**

04-27-2007 90196 028 \*\*\*\*61.25

**DOCUMENT # 742467**

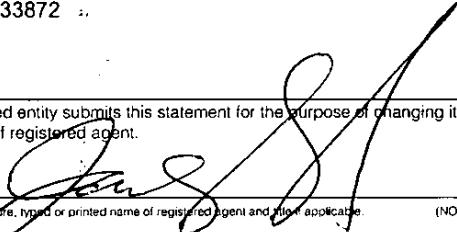
1. Entity Name THE KINGSWOOD ASSOCIATION OF SUN'N LAKE, INC.		
---	--	---

Principal Place of Business 5027-5105 GRANADA BLVD. SEBRING, FL 33872	Mailing Address DENNY VOGEL BOX 247 ST. MARYS, OH 45885
---	--

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, SANDRA 5025 GRANADA BLVD APT A SEBRING, FL 33872		Name <i>James English</i> Street Address (P.O. Box Number Is Not Acceptable) <i>5107 GRANADA BLVD</i>	
		City <i>Sebring</i> FL <i>33872</i> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
 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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD THOMPSON, SANDRA 5025 GRANADA BLVD APT A SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PD JAMES ENGLISH 5107 GRANADA BLVD Sebring FL 33872</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSP VOGEL, DENNY P.O. BOX 247 ST MARYS, OH 45885	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGMAN, JERRY 616 AUGUSTUS ST SAINT MARYS, OH 45885	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Sandra Thompson* Date *3/14/07* Daytime Phone # *419-374-3361*