

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90024 007 \*\*\*\*61.25

<b>DOCUMENT # 742646</b> 1. Entity Name KINGSWOOD ASSOCIATION NO. 3, INC.					
Principal Place of Business 2950 S.E. OCEAN BLVD. CLUBHOUSE #4 STUART, FL 34996				Mailing Address 2950 S.E. OCEAN BLVD. CLUBHOUSE #4 STUART, FL 34996	
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 59-1999245				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JANE L. CORNETT ESQ. 401 EAST OSCEOLA ST. STUART, FL 34994			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODBURY, ELLEN 2950 SOUTHEAST OCEAN BOULEVARD STE 110-402 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYHAUD, NAN 2950 SE OCEAN BLVD., 115-1 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANLEY MARKS 2950 SE OCEAN BLVD 112-201 STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARIS, LEWIS 2880 SOUTHEAST OCEAN BOULEVARD STE 109-402 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAUST SABATINO 2950 SE OCEAN BLVD, 134-6 STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELILLO, IRENE 2950 SOUTHEAST OCEAN BLVD 136-4 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURYEE, GEORGE 2950 SOUTHEAST OCEAN BOULEVARD STE 118-6 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEILAND, PATRICIA 2950 SE OCEAN BLVD 110-204 STUART, FL 34996		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.					
<b>SIGNATURE: Ellen Woodbury, Pres. Ellen Woodbury 3-24-08 772-781-0692</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					