

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 748045**

1. Entity Name

**KIMWOOD CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90086 041 \*\*\*\*61.25

Principal Place of Business 1449 NORTH 14TH WAY HOLLYWOOD FL 33020	Mailing Address 1449 NORTH 14TH WAY HOLLYWOOD FL 33020-3246
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-1985639</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
~~MENEGAZZI, LINDA E.  
 1449 N. 14TH WAY #202  
 HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent  
 Name **GINGER NELSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1449 N. 14TH WAY #101**  
 City **HOLLYWOOD** FL Zip Code **33020**

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 *Ginger Nelson* **GINGER NELSON** 5/25/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD MENEGAZZI, LINDA E. 1449 N. 14TH WAY #202 HOLLYWOOD, FL 00000</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD MULBEY, EILEEN 1449 N. 14TH WAY #104 HOLLYWOOD, FL 00000</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD PALMER, MICHAEL SCOTT 1449 N. 14TH WAY #101 HOLLYWOOD FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESIDENT</b> <b>GINGER NELSON</b> <b>1449 N. 14TH WAY #101</b> <b>HOLLYWOOD, FL 33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> <b>BOB SEITZ - Treas.</b> <b>1449 N. 14TH WAY, APT 103</b> <b>HOLLYWOOD, FL 33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secy.</b> <b>JOSEF GAGNON (COOPER)</b> <b>1449 N. 14TH WAY, APT-203</b> <b>HOLLYWOOD, FLA 33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 like empowered.

SIGNATURE: *Ginger Nelson* **GINGER NELSON PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/25/00** Daytime Phone **954-927-1050**

CR2E037 (9/99)