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95 APR -5 PH 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770288 (9)

1. Corporation Name
KINGSWOOD I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

PO BOX 15013 PENSACOLA FL 32514 **PO BOX 15013 PENSACOLA FL 32514**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1983** 3a. Date of Last Report **04/29/1994**

4. FEI Number **58-1529830** Applied For Not Applicable

5. Certificate of Status Desired \$5.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SCHWAN, RICHARD
3308 KINGSWOOD CT.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard Schwan Date: 3/13/95

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	THOMAS, JAN
STREET ADDRESS	3312 KINGSWOOD CT.
CITY - ST - ZIP	PENSACOLA FL
TITLE	ST SCHWAN
NAME	SCHWAN, RICHARD
STREET ADDRESS	3308 KINGSWOOD CT
CITY - ST - ZIP	PENSACOLA FL
TITLE	PD
NAME	FLAHIFF, D E
STREET ADDRESS	7775 LAJEUNE DR
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dorothy Cook D	
1.3 STREET ADDRESS	9311 Olive Rd.	
1.4 CITY - ST - ZIP	Pensacola Fla. 32514	
2.1 TITLE	TREA, JERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shomon R. Schwan D	
2.3 STREET ADDRESS	3308 KINGSWOOD CT.	
2.4 CITY - ST - ZIP	PENSACOLA FL 32514	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLAHIFF, D.E.	
3.3 STREET ADDRESS	2775 LAJEUNE DR.	
3.4 CITY - ST - ZIP	PENSACOLA, FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shomon R. Schwan Date: 3/15/95 904-934-1701

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)