

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770288 (9)**  
1. Corporation Name  
**KINGSWOOD I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **PO BOX 15013 PENSACOLA FL 32514**  
Mailing Address: **PO BOX 15013 PENSACOLA FL 32514**

3. Date Incorporated or Qualified: **09/19/1983**  
3a. Date of Last Report: **04/05/1995**  
4. FEI Number: **58-1529830**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SCHWANN, RICHARD  
3308 KINGSWOOD CT.  
PENSACOLA FL 32514**

81 Name: **Thomas R. Schwan**  
82 Street Address (P.O. Box Number is Not Acceptable): **3308 Kingswood Ct.**  
83  
84 City: **Pensacola** **FL** 85 Zip Code: **32514**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Thomas R. Schwan*  
Signature, typed or printed name of registered agent and title if applicable.

3/18/96  
DATE

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, DOROTHY</b>	
STREET ADDRESS	<b>331 OLIVE ROAD</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNANN, THOMAS R.</b>	
STREET ADDRESS	<b>3308 KINGSWOOD CT</b>	
CITY - ST - ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FLAHIFF, D E</b>	
STREET ADDRESS	<b>7775 LAJEUNE DR</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cook, Dorothy</b>	
1.3 STREET ADDRESS	<b>3311 Kingswood Ct.</b>	
1.4 CITY - ST - ZIP	<b>Pensacola, Florida 32514</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Schwan, Thomas R.</b>	
2.3 STREET ADDRESS	<b>3308 Kingswood Court</b>	
2.4 CITY - ST - ZIP	<b>Pensacola, Florida 32514</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Flahiff, D. E.</b>	
3.3 STREET ADDRESS	<b>8550 Scenic Highway</b>	
3.4 CITY - ST - ZIP	<b>Pensacola, Florida 32514-7921</b>	
4.1 TITLE	<b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Small, Lamon</b>	
4.3 STREET ADDRESS	<b>3375 Olive Road</b>	
4.4 CITY - ST - ZIP	<b>Pensacola, Florida 32514</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Pittman, Constance F.</b>	
5.3 STREET ADDRESS	<b>3320 Kingswood Court</b>	
5.4 CITY - ST - ZIP	<b>Pensacola, Florida 32514</b>	
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 119.07(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: *Thomas R. Schwan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (904)476-8382  
Date Daytime Phone #

CR2E037 (12/95)