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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

PO BOX 15013
PENSACOLA FL 32514

PO BOX 15013
PENSACOLA FL 32514-0013

3. Date Incorporated or Qualified
09/19/1983

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWAN, THOMAS R.
3308 KINGSWOOD COURT
PENSACOLA FL 32514

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 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*
THOMAS R. SCHWAN, VICE PRESIDENT, TREASURER, DIRECTOR

Feb 15, 1997
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, DOROTHY	
STREET ADDRESS	331 OLIVE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHNANN, THOMAS R.	
STREET ADDRESS	3308 KINGSWOOD CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLAHIFF, D E	
STREET ADDRESS	7775 LAJEUNE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, LAMON	
STREET ADDRESS	3375 OLIVE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PITTMAN, CONSTANCE F.	
STREET ADDRESS	3320 KINGSWOOD COURT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COOK, DOROTHY	
1.3 STREET ADDRESS	3311 KINGSWOOD COURT	
1.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32514	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHWAN, THOMAS R.	
2.3 STREET ADDRESS	3308 KINGSWOOD COURT	
2.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32514	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARTER, CATHERINE P.	
3.3 STREET ADDRESS	3329 KINGWOOD COURT	
3.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32514	
4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HILEY, CAROLYN	
4.3 STREET ADDRESS	3303 KINGWOOD COURT	
4.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32514	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BROCHMANN, LIBUSE M.	
5.3 STREET ADDRESS	3383 OLIVE ROAD	
5.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32514	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*
THOMAS R. SCHWAN, VICE PRESIDENT, TREASURER, DIRECTOR

Feb 15, 1997
DATE

CR2E037 (9/96)