NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 770288**

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

## **FILED** Mar 31, 1999 8:00 am § Secretary of State

03-31-1999 90053 014 \*\*\*\*61.25



3. Date Incorporated or Qualifed

2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	11-11		
21		26			09/19/1983			
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Ap	plied.For	
22	<u></u>	27			58-1529830	No	t Applicable	
City & State	9	City & State			5 Court to the Charles Desired	\$8.75 A	Additional	
23		28			5. Certifcate of Status Desired	Fee Re	quired	
Zip			Country		6. Election Campaign Financing \$5.00 May Be		May Be	
24	25 29 30				Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent			<u> </u>	10. Name and Address of New Registered Agent				
				Name				
COLDEVAN THOMAS B				CARTER, CATHERINE P.				
SCHWAN, THOMAS R.			82	82 Street Address (P.O. Box Number is Not Acceptable) 3329 KINGSWOOD COURT				
3308 KINGSWOOD COURT			83		322 KINGSWOOD COOKI			
PENSACOLA FL 32514			1					
			84			FL 85 Zip (		
					ENSACOLA			
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								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to the purpose of charging a legislate of office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
2 atherine Cutton KINCCHOOD CE DENCACOTA DI DOGIA DI DOGIA								
	CATHERT NE D CARDEN Signature, Typed of Milled halfne of registered agen	t and title if applicable. (NOTE: Re	gistered Age	nt signature requ	ulred when reinstating)	DATE /	DO 11.40	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	D	☐ DELETE	1.1 TITLE		VD	XX Change	Addition	
NAME	TUITE, MARY ELLEN `		1.2 NAME		TUITE, MARY ELLEN			
STREET ADDRESS	3381 OLIVE ROAD 1.31		1.3 STREE	TADDRESS	3381 OLIVE ROAD		ļ	
CITY-ST-ZIP	PENSACOLA FL 32514	, FL 32514 1.41		T-ZIP	PENSACOLA, FL. 32514			
TITLE	VTD	DELETE 2.11			D	Change	XX Addition	
NAME	SCHWAN, THOMAS R.		2.2 NAME		CAMPBELL, JOYCE		ļ	
STREET ADDRESS	anna umicouropa ot		2.3 STREE	- 1	3371 OLIVE ROAD		Ì	
CITY-ST-ZIP			2. 4 CITY-5	- 1	PENSACOLA. FL. 32514			
TITLE			3.1 TITLE		PDENSACCHIA, FI J2JIA	Change	_ Addition	
NAME	30		3.2 NAME	1 '	<del></del> - · · · ·	4343		
	3329 KINGSWOOD CT			1	CARTER, CATHERINE P.			
STREET ADDRESS					3329 KINGSWOOD CT			
CITY-ST-ZIP	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.4. CITY-5 4.1 TITLE		PENSACOLA, FL. 32514	Change	XX Addition	
TITLE	PD CAROLVAI	AM DECEME			STD		2240	
NAME .	HILEY, CAROLYN		4. 2 NAMÉ	<b>I</b>	LAMBERT, DEBRA S.		j	
STREET ADDRESS	3303 KINGSWOOD CT				3322 KINGSWOOD CT			
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-S	T-ZIP	PENSACOLA, FL 32514	- Channa	Addition	
TITLE	D	☐ DELETE	5.1 TITLE		D	XX Change		
NAME	BROCHMANN, LIBUSE M		5.2 NAME		BROCHMANN, LIBUSE M.			
STREET ADDRESS	3383 OLIVE RD			TADDRESS	3383 OLIVE ROAD			
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-S	ו מוכד:	PENSACOLA, FL 32514-			
TITLE		☐ DELETE	6.1 TITLE	] '		Change	Addition	
NAME			6.2 NAME		·			
STREET ADDRESS	The leaves		6.3 STREE	TADDRESS			Í	
	200 600		6.4 CITY-S	T-ZIP			i	

14:31 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, with all other like empowered.

SIGNATURE: