

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0017640

DOCUMENT # 770288

1. Entity Name

KINGSWOOD I CONDOMINIUM ASSOCIATION, INC.

05-03-2001 90981 042 ****61.25

Principal Place of Business

Mailing Address

PO BOX 15013
 PENSACOLA FL 32514

PO BOX 15013
 PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1529830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, CATHERINE P
3329 KINGSWOOD COURT
PENSACOLA FL 32514

Name **JOANETTE P. THOMAS**
 Street Address (P.O. Box Number is Not Applicable)
3312 Kingswood Court
 City **Pensacola** FL Zip Code **32514**

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 **JOANETTE P. THOMAS**

Signature, typed or printed name of registered agent and title if applicable.

Joanette P. Thomas 4-28-01
 (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD TUITE, MARY ELLEN	<input type="checkbox"/> Delete
STREET ADDRESS	3381 OLIVE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	VD HALLFORD, RONALD C	<input type="checkbox"/> Delete
STREET ADDRESS	3314 KINGSWOOD CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	PD CARTER, CATHERINE P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3329 KINGSWOOD CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE NAME	D BUSBEE, RICHARD C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3318 KINGSWOOD COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME	D THOMAS, JOANETTE P	<input type="checkbox"/> Delete
STREET ADDRESS	3312 KINGSWOOD COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD HALLFORD, RONALD C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3314 KINGSWOOD CT	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE NAME	D AMY FREDERICKSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3313-KINGSWOOD CT	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE NAME	D BOB POORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3389 EAST OLIVE ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE NAME	VD JOANETTE P. THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3312 KINGSWOOD CT	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **JOANETTE P. THOMAS** *Joanette P. Thomas* 4-28-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)