


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90030 041 \*\*\*\*61.25

<b>DOCUMENT # 770288</b> 1. Entity Name <b>KINGSWOOD I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business PO BOX 15013 PENSACOLA, FL 32514			Mailing Address PO BOX 15013 PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012006 Chg-NP CR2E037 (4/06)	
4. FEI Number <b>58-1529830</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPARKS, SAMUEL V</b> <b>7656 CHARTER OAKS DR.</b> <b>PENSACOLA, FL 32514</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLFORD, RONALD C		NAME	Catherine P. Carter	
STREET ADDRESS	3314 KINGSWOOD CT.		STREET ADDRESS	3329 Kingswood Ct	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, GLORIA J		NAME	KHURAM SHAZAD DAW	
STREET ADDRESS	3383 E. OLIVE RD.		STREET ADDRESS	3377 E. Olive Rd.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENAUD, NADELL		NAME	LARRY M. TURPIN	
STREET ADDRESS	3355 E. OLIVE RD.		STREET ADDRESS	3306 KINGSWOOD CT.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLEY, EDITH		NAME	Elizabeth L. Bell	
STREET ADDRESS	3308 KINGSWOOD CT		STREET ADDRESS	421 Chase Plantation Parkway	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	HOOPER, AL 35244	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lawrence G. Baginski	
STREET ADDRESS			STREET ADDRESS	4694 Magnolia Hill Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Catherine P. Carter</i>			5/15/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		