


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90040 037 ****61.25

DOCUMENT # 770288 1. Entity Name KINGSWOOD I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3300 E. OLIVE RD. PENSACOLA, FL 32514			Mailing Address 3300 E. OLIVE RD. PENSACOLA, FL 32514		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1529830	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARTER, CATHERINE P 3329 KINGSWOOD CT. PENSACOLA, FL 32514				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Catherine Carter</i> CATHERINE CARTER 3/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, CATHERINE P		NAME		
STREET ADDRESS	3329 KINGWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	VD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, ELIZABETH L		NAME	LYDERS, LINDSEY	
STREET ADDRESS	421 CHASE PLANTATION PKWY.		STREET ADDRESS	3330 KINGSWOOD CT.	
CITY-ST-ZIP	HOOVER, AL 35244		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURPIN, LARRY M		NAME		
STREET ADDRESS	3306 KINGWOOD CT.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	SD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, KACI M		NAME	BELL, ELIZABETH	
STREET ADDRESS	3313 KINGSWOOD CT.		STREET ADDRESS	421 CHASE PLANTATION PKWY	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	HOOVER, AL 35244	
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAR, KHURRAM S		NAME	RIATUSSO, JOSEPH	
STREET ADDRESS	3377 E. OLIVE RD.		STREET ADDRESS	3318 KINGSWOOD CT.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	PENSACOLA, FL 32514	
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.					
SIGNATURE: <i>Catherine Carter</i> CATHERINE CARTER 3/18/08 850-484-3657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

