

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770921** (5)

1. Corporation Name

**KINGSWOOD ESTATES PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1440 56TH SQ. WEST  
VERO BEACH FL 32966  
US**

**P.O. BOX 962  
VERO BCH. FL 32961-0962**



3. Date Incorporated or Qualified **10/25/1983** 3a. Date of Last Report **05/21/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-2562564**

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

**HENDERSON, STEVE L. ATTOR  
817 BEACHLAND BLVD.  
VERO BEACH FL 32964**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **KOULISH, DAVID**  
STREET ADDRESS **1440 56TH SQUARE WEST**  
CITY-ST-ZIP **VERO BEACH FL 32966**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **T/D** ☐ DELETE  
NAME **BURNS, MICHAEL**  
STREET ADDRESS **1570 56TH COURT**  
CITY-ST-ZIP **VERO BEACH FL 32966**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S/D** ☐ DELETE  
NAME **WESTCOTT, PAUL**  
STREET ADDRESS **1570 56TH SQUARE EAST**  
CITY-ST-ZIP **VERO BEACH FL 32966**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCCALL, DON**  
STREET ADDRESS **1022 17TH PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D CUDRIL, ANDY**  
5.3 STREET ADDRESS **1441 56TH SQUARE WEST**  
5.4 CITY-ST-ZIP **VERO BEACH, FL. 32966**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*[Signature]* MICHAEL J. BURNS

4-28-97

561-562-6561

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CP2E037 (9/96)