


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90170 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770921					
1. Corporation Name KINGSWOOD ESTATES PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 1440 56TH SQ. WEST VERO BEACH FL 32966 US			Mailing Address P.O. BOX 962 VERO BCH. FL 32961		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		10/25/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2562564	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	

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	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOULISH, DAVID			1.2 NAME	WESTCOTT, PAUL		
STREET ADDRESS	1440 56TH SQUARE WEST			1.3 STREET ADDRESS	1570 56TH SQUARE EAST		
CITY-ST-ZIP	VERO BEACH FL 32966			1.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	T/D	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, MICHAEL			2.2 NAME	KOULISH, DAVID		
STREET ADDRESS	1570 56TH COURT			2.3 STREET ADDRESS	1440 56TH SQUARE WEST		
CITY-ST-ZIP	VERO BEACH FL 32966			2.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	S/D	<input type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WESTCOTT, PAUL			3.2 NAME	RICHARD CARVELL		
STREET ADDRESS	1570 56TH SQUARE EAST			3.3 STREET ADDRESS	550 56TH COURT		
CITY-ST-ZIP	VERO BEACH FL 32966			3.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CIUDRIC, ANDY			4.2 NAME	ROBERT McCREARY		
STREET ADDRESS	1441 56TH SQUARE WEST			4.3 STREET ADDRESS	1410 56TH SQUARE EAST		
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	SALVATORE GIARIZZI		
STREET ADDRESS				5.3 STREET ADDRESS	1400 56TH SQUARE WEST		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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:

M. J. Burns SIGNATURE REQUIRED MICHAEL J. BURNS

4/18/99

561-562-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)