


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 043 ****61.25

40065000



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|--|-------------------------|--|---|---|--|----|----------|
| DOCUMENT # N01000000145 | | | |  | | | |
| 1. Entity Name KINGSWOOD CO-OP, INC. | | | | | | | |
| Principal Place of Business 10109 OAK FOREST DRIVE RIVERVIEW, FL 33569-5927 | | | Mailing Address 10109 OAK FOREST DRIVE RIVERVIEW, FL 33569-5927 | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 04052007 Chg-NP CR2E037 (12/06) | | | |
| 4. FEI Number 59-3689819 | | Applied For Not Applicable | | | | | |
| 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 | | | | |
| FERRARO, NICK 15875 58TH ST. NORTH SUITE 2020, MAIL NO. 187 CLEARWATER, FL 33760 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 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 | VPD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DURKIN, JOSEPH | | NAME | Durkin, Joseph | | | |
| STREET ADDRESS | 10215 OAK FOREST DR | | STREET ADDRESS | 10215 Oak Forest Drive | | | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | | CITY-ST-ZIP | Riverview FL 33569 | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | MANCINI, RICHARD | | NAME | Forkey, Roger | | | |
| STREET ADDRESS | 10214 OAK FOREST | | STREET ADDRESS | 10212 Oak Forest Drive | | | |
| CITY-ST-ZIP | RIVERVIEW, FL 335695927 | | CITY-ST-ZIP | Riverview FL 33569 | | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | MURPHY, JACKIE | | NAME | Chiger, Constantin | | | |
| STREET ADDRESS | 10206 OAK FOREST DRIVE | | STREET ADDRESS | 10138 Shadow Oak Circle | | | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | | CITY-ST-ZIP | Riverview, FL 33569 | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCHOTT, CLIFFORD | | NAME | | | | |
| STREET ADDRESS | 10142 SHADOWOAK CIRCLE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | | CITY-ST-ZIP | | | | |
| TITLE | AT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHITE, RICHARD | | NAME | | | | |
| STREET ADDRESS | 10915 TALL OAK CIRCLE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | | CITY-ST-ZIP | | | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LANE, FRANCES | | NAME | | | | |
| STREET ADDRESS | 10137 SHADOW OAK CIRCLE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | | 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: <u>Joseph R Durkin</u> | | | Date: <u>4-5-07</u> | | Daytime Phone #: <u>813-671-2253</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> | | |