

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 13, 2008
Secretary of State**

DOCUMENT# N01000000145

Entity Name: KINGSWOOD CO-OP, INC.

Current Principal Place of Business:10109 OAK FOREST DRIVE
RIVERVIEW, FL 335695927**New Principal Place of Business:****Current Mailing Address:**10109 OAK FOREST DRIVE
RIVERVIEW, FL 335695927**New Mailing Address:**

FEI Number: 59-3689819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NICK FERRARO & CO.
6030 ULMEERTON ROAD
CLEARWATER, FL 33760 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: DURKIN, JOSEPH
Address: 10215 OAK FOREST DR
City-St-Zip: RIVERVIEW, FL 33569Title: VD () Delete
Name: CHIGER, CONST
Address: 10138 SHADOW OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569Title: SD () Delete
Name: MURPHY, JACKIE
Address: 10206 OAK FOREST DRIVE
City-St-Zip: RIVERVIEW, FL 33569Title: T () Delete
Name: SCHOTT, CLIFFORD
Address: 10142 SHADOWOAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569Title: D () Delete
Name: WHITE, RICHARD
Address: 10915 TALL OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569Title: D () Delete
Name: BROWN, EARL
Address: 10202 OAK FOREST DRIVE
City-St-Zip: RIVERVIEW, FL 33569**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: SCHOTT, CLIFFORD
Address: 10142 SHADOWOAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. DURKIN

PD

11/13/2008

Electronic Signature of Signing Officer or Director

Date

Attachment

NOI-145

Deborah Stasiak D
10929 Tall Oak Circle
Riverview, FL 33569