

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90071 005 ****61.25

DOCUMENT # N02585

1. Entity Name

KINGSWOOD MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**21 SUNSET LANE
 LAKE PLACID FL 33852-6832**

**P.O. BOX 2606
 LAKE PLACID FL 33862-2606**

0019996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2389018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDSON, KENNETH H
 21 SUNSET LANE
 LAKE PLACID FL 33852-6832**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	DAVIDSON, KENNETH H	
STREET ADDRESS	21 SUNSET LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852-6832	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	ALIFF, CAROLYN	
STREET ADDRESS	48 GLORY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852-6832	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALIFF, WALDO K	
STREET ADDRESS	48 GLORY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852-6832	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	STEADHAM, JANET D	
STREET ADDRESS	35 SUNSET LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852-6832	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINK, IDALENE	
STREET ADDRESS	12 VICTORY WAY	
CITY-ST-ZIP	LAKE PLACID FL 33852-6832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Janet D. Steadham T/D 2-21-01 863-699-0439
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)