2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2005 08:00 AM DOCUMENT # N02585 Secretary of State KINGSWOOD MANOR HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 36 SUNSET LANE LAKE PLACID FL 33852-6833 P.O. BOX 2606 LAKE PLACID FL 33862-2606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-2389018 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEADHAM, JANET D Street Address (P.O. Box Number is Not Acceptable) 36 SUNSET LANE LAKE PLACID FL 33852-6833 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typod or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Change Addition TITLE ☐ Delete TITEF WARNER, JEANNE NAME U00000231799 47 GLORY DRIVE STREET ADDRESS STREET ADDRESS 02/16/05-80044-022 61.25 LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE ALIFF, CAROLYN MAME NAME 48 GLORY DRIVE STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852-6832 CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition illi Delete TITLE ROJAS, BENJAMIN NAME 49 GLORY DR. STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852-8324 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TULE HEF STEADHAM, JANET D NAME NAME 36 SUNSET LANE STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852-6832 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Detete GRIMSLEY, DENISE NAME NAME 19 SUNSET LANE STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY - ST- ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR