

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02585

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: KINGSWOOD MANOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

36 SUNSET LANE  
LAKE PLACID, FL 338526833 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2606  
LAKE PLACID, FL 338622606

**New Mailing Address:**

FEI Number: 59-2389018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEADHAM, JANET D  
36 SUNSET LANE  
LAKE PLACID, FL 338526833 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: MOTES, DAVID  
Address: 24 SUNSET LN  
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD ( ) Delete  
Name: RIDER, CAROLYN  
Address: 48 GLORY DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: ROJAS, BENJAMIN  
Address: 49 GLORY DR.  
City-St-Zip: LAKE PLACID, FL 338528324

Title: TD ( ) Delete  
Name: STEADHAM, JANET D  
Address: 36 SUNSET LANE  
City-St-Zip: LAKE PLACID, FL 338526832

Title: S ( ) Delete  
Name: GRIMSLEY, DENISE  
Address: 19 SUNSET LANE  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRIMSLEY, DENISE  
Address: 19 SUNSET LN  
City-St-Zip: LAKE PLACID, FL 33852

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: SD (X) Change ( ) Addition  
Name: MOTES, MARY LOU  
Address: 24 SUNSET LANE  
City-St-Zip: LAKE PLACID, FL 33852

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: MARY LOU MOTES

SEC

03/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date