

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02585

**FILED**  
**Mar 08, 2010**  
**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  
Name: GRIMSLEY, DENISE  
Address: 19 SUNSET LN  
City-St-Zip: LAKE PLACID, FL 33852

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

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

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

Title: SD  
Name: MOTES, MARY LOU  
Address: 24 SUNSET LANE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU MOTES

SEC

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date