

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000501

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** KINGSWAY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

214 SHORE CREST DR  
TAMPA, FL 33609

**New Principal Place of Business:**

2002 N LOIS AVE  
SUITE 507  
TAMPA, FL 33607

**Current Mailing Address:**

214 SHORE CREST DR  
TAMPA, FL 33609

**New Mailing Address:**

2002 N LOIS AVE  
SUITE 507  
TAMPA, FL 33607

FEI Number: 20-5101566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARCHERD, FREDERIC M JR.  
214 SHORE CREST DR  
TAMPA, FL 33609 US

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

LAMB, BRIAN K  
2002 N LOIS AVE  
SUITE 507  
TAMPA, FL 33607 US

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: BRIAN K. LAMB

03/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ARCHERD, FREDERIC M JR.  
Address: 214 SHORE CREST DR  
City-St-Zip: TAMPA, FL 33609

Title: DV ( ) Delete  
Name: JANSSEN, JASON P  
Address: 3925 COCONUT PALM DR STE 117  
City-St-Zip: TAMPA, FL 33625

Title: DST ( ) Delete  
Name: CUNNINGHAM, DELTON  
Address: 6522 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

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

Title: P (X) Change ( ) Addition  
Name: ARCHERD, FREDERIC M JR.  
Address: 214 SHORE CREST DR  
City-St-Zip: TAMPA, FL 33609

Title: ST (X) Change ( ) Addition  
Name: DELKESKAMP, MATT  
Address: 214 SHORE CREST DR  
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change ( ) Addition  
Name: CUNNINGHAM, DELTON  
Address: 6522 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

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: BRIAN K. LAMB

CEO

03/18/2009

Electronic Signature of Signing Officer or Director

Date