2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N10219

Entity Name: KINGSWAY GOLF VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33838 US

New Principal Place of Business:

Current Mailing Address:

% P.O. BOX 380758
MURDOCK, FL 339380758 US

New Mailing Address:

P.O. BOX 380758
MURDOCK, FL 339380758 US

FEI Number: 59-2680723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33938 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: TD ( ) Delete
Name: ENGLUND, JOHN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: PD ( ) Delete
Name: FINDLEY, KAREN
Address: 11349 SW ESSEX DR
City-St-Zip: LAKE SUZY, FL 34269

Title: SD ( ) Delete
Name: GUGLIELMO, ANTHONY
Address: 11421 SW COURTNEY DR
City-St-Zip: LAKE SUZY, FL 34269

Title: VPD ( ) Delete
Name: OMAN, DAVID
Address: 11225 SW COURTNEY DR
City-St-Zip: LAKE SUZY, FL 34269

Title: D (X) Delete
Name: TAYLOR, NEIL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: FINDLEY, KAREN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPSD (X) Change ( ) Addition
Name: GUGLIELMO, ANTHONY
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D (X) Change ( ) Addition
Name: TAYLOR, NEIL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KAREN FINDLAY PD 03/12/2009

Electronic Signature of Signing Officer or Director — Date