


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 028 ****61.25

EPDVNF0U\$N15056
 2/ Entity Name
 KINGSWOOD COURT OWNERS ASSOCIATION, INC.



Principal Place of Business
 5350 NW 8TH AVENUE
 GAINESVILLE, FL 32605

Mailing Address
 5350 NW 8TH AVENUE
 GAINESVILLE, FL 32605

3/ Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

4/ Mailing Address
 Suite, Apt. #, etc.



02152007 Di h.OQ DS3F148)23017*

City & State
 City & State

Zip Country Zip Country

5/ FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

6/ Certificate of Status Desired %9/86 Beejupobm
 G f f i s f r v j f e

7/ Obn f lboelBeeft t t lpgDvaf ouSf hjt if ef elBhf ou

KELLEHER, BARBARA A
 5324.NW 8TH AVENUE
 GAINESVILLE, FL 32805

8/ Obn f lboelBeeft t t lpgOf x ISf hjt if ef elBhf ou

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City GM Zip Code

9/ 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 *Barbara A Kelleher* 5/18/07
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

Filing Fee Is \$61.25
 Due by May 1, 2007

10/ Election Campaign Financing
 Trust Fund Contribution.

11/ Nbzicf l
 Beef elipkG f t

Nb1f di f d l qbzberh up
 Gpsjeb Ef qbun f ou pgTubf

21/ OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KELLEHER, BARBARA A 5324 NW 8TH AVENUE GAINESVILLE, FL 32605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BACHUS, BOB 5328 NW 8TH AVENUE GAINESVILLE, FL 32605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ORTON, JOHN 5344 NW 8TH AVENUE GAINESVILLE, FL 32605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ORTON, JOHN 5344 NW 8TH AVENUE GAINESVILLE, FL 32605 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARBARA A KELLEHER 5324 NW 8TH AVENUE GAINESVILLE, FL 32605 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DIA, RUTH 5345 NW 8TH AVENUE GAINESVILLE, FL 32605 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TJHOBVSF; *Barbara A Kelleher* BARBARA A KELLEHER 352-374-7191
 T.H.O.B.V.S.F. B.O.E.I.U.Z.O.F.E.I.P.S.I.C.S.O.U.F.E.I.O.N.F.P.G.T.H.O.C.H.P.G.G.D.F.S.I.P.S.I.E.I.S.F.D.U.P.S. Date Daytime Phone #