FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:18

DOCUMENT # N21816 (6)

1. Corporation Name

KINGSWOOD OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% LEGGETT REALTY INC PO BOX 17478 JACKSONVILLE FL 32245 US	% LEGGETT REALTY INC PO BOX 17478 JACKSONVILLE FL 32245 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1987
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2856232 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ELEFANT, FRED.
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	WARD, MICHAEL	1.2 NAME		
STREET ADDRESS	4810 KINGSMEADOW LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	BMD	2.1 TITLE	BMD	☒ Change ☐ Addition
NAME	LONG, CAROL	2.2 NAME	Cindy Ward	
STREET ADDRESS	4880 KINGSMEADOW LANE	2.3 STREET ADDRESS	4810 Kingsmeadow Lane	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL. 32217	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	RICH, LEWIS	3.2 NAME		
STREET ADDRESS	4928 KINGSMEADOW LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	BMD	4.1 TITLE		☐ Change ☐ Addition
NAME	HALPERN, JUDY	4.2 NAME		
STREET ADDRESS	4827 KINGSMEADOW LN	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	FORSBERG, TIMOTHY	5.2 NAME	Jerry Barker	
STREET ADDRESS	4858 KINGSMEADOW LANE	5.3 STREET ADDRESS	4876 Kingsmeadow Lane	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL. 32217	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Ward 3/27/95 645-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084418