


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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

3. Date Incorporated or Qualified  
**07/31/1987**

4. FEI Number  
**59-2856232**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**ELEFANT, FRED.**  
**1850 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

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY WARD	2.2 NAME	
STREET ADDRESS	4810 KINGSMEADOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY BARKER	5.2 NAME	
STREET ADDRESS	4876 KINGSMEADOW LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY WARD	2.2 NAME	
STREET ADDRESS	4810 KINGSMEADOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY BARKER	5.2 NAME	
STREET ADDRESS	4876 KINGSMEADOW LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 in an attachment with my address.

SIGNATURE: *Michael Ward* MICHAEL F WARD 3/18/98 6453686

CR2E037 (10/97)