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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21816

1. Corporation Name

KINGSWOOD OWNERS ASSOCIATION, INC.

Principal Place of Business

% LEGGETT REALTY INC
 PO BOX 17478
 JACKSONVILLE FL 32245
 US

Mailing Address

% LEGGETT REALTY INC
 PO BOX 17478
 JACKSONVILLE FL 32245
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

07/31/1987

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE
 NAME WARD, MICHAEL
 STREET ADDRESS 4810 KINGSMEADOW LN
 CITY-ST-ZIP JACKSONVILLE FL

TITLE BMD DELETE
 NAME CINDY WARD
 STREET ADDRESS 4810 KINGSMEADOW LANE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ST DELETE
 NAME RICH, LEWIS
 STREET ADDRESS 4928 KINGSMEADOW LN
 CITY-ST-ZIP JACKSONVILLE FL

TITLE BMD DELETE
 NAME HALPERN, JUDY
 STREET ADDRESS 4827 KINGSMEADOW LN
 CITY-ST-ZIP JACKSONVILLE FL

TITLE V DELETE
 NAME JERRY BARKER
 STREET ADDRESS 4876 KINGSMEADOW LANE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP Change Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Ward, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99
 Date

904/634-0671
 Daytime Phone #

CR2E037 (11/98)