

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21816

1. Entity Name

KINGSWOOD OWNERS ASSOCIATION, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90281 006 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2856232

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P WARD, MICHAEL 4810 KINGSMADOW LN JACKSONVILLE FL	<input type="checkbox"/>		
BMD CINDY WARD 4810 KINGSMADOW LANE JACKSONVILLE FL	<input type="checkbox"/>		
ST RICH, LEWIS 4928 KINGSMADOW LN JACKSONVILLE FL	<input type="checkbox"/>		
BMD HALPERN, JUDY 4827 KINGSMADOW LN JACKSONVILLE FL	<input type="checkbox"/>		
V JERRY BARKER 4876 KINGSMADOW LANE JACKSONVILLE FL	<input type="checkbox"/>		
	<input type="checkbox"/>		

12. 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)