

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21816

1. Entity Name

KINGSWOOD OWNERS ASSOCIATION, INC.

FILED

Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90073 011 \*\*\*\*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

4. FEI Number

59-2856232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID WARD	
STREET ADDRESS	4811 Kingsmeadow Ln	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Ward	
STREET ADDRESS	4811 Kingsmeadow Ln	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	Julia Blanton - ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4927 Kingsmeadow Ln	
STREET ADDRESS	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 (904)370-4656  
Date Daytime Phone #

CR2E037 (9/01)