2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N21816

Entity Name: KINGSWOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

KINGSWOOD OWNERS ASSOCIATION
PO BOX 57184
JACKSONVILLE, FL 32241 US

New Principal Place of Business:

KINGSWOOD OWNERS ASSOCIATION
4920 KINGSMEADOW LANE
JACKSONVILLE, FL 32217 US

Current Mailing Address:

KINGSWOOD OWNERS ASSOCIATION
PO BOX 57184
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-2856232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: WRIGHT, GINGER
Address: 4920 KINGSMEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT ( ) Delete
Name: WEBER, MARY
Address: 4924 KINGSMEADOW LN
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT ( ) Delete
Name: BARKER, JERRY
Address: 4876 KINGSMEADOW LANE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER L WRIGHT MS 05/08/2007
Electronic Signature of Signing Officer or Director — Date