

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21816

FILED  
Jul 10, 2008  
Secretary of State

**Entity Name:** KINGSWOOD OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

KINGSWOOD OWNERS ASSOCIATION  
4920 KINGSMEADOW LANE  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**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:**

**Name and Address of New Registered Agent:**

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

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 WRIGHT

DT

07/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date