

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21816

FILED  
May 04, 2012  
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:**

KINGSWOOD OWNERS ASSOCIATION  
4924 KINGSMEADOW LANE  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

KINGSWOOD OWNERS ASSOCIATION  
6271 ST.AUGUSTINE RD, PO BOX 212  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

KINGSWOOD OWNERS ASSOCIATION  
4924 KINGSMEADOW LANE  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2856232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: WRIGHT, GINGER  
Address: 4920 KINGSMEADOW LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT  
Name: HURST, OVIDA  
Address: 4924 KINGSMEADOW LN  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: OVIDA L. HURST

DT

05/04/2012

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

\_\_\_\_\_  
Date