

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-11-2003 90225 008 ****61.25

DOCUMENT # N21816

1. Entity Name

KINGSWOOD OWNERS ASSOCIATION, INC.



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

55034074



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WARD, DAVID**
STREET ADDRESS **4811 KINGSMADOW LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **BMD** ☒ Delete
NAME **WARD, GLORIA**
STREET ADDRESS **4811 KINGSMADOW LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **ST** ☐ Delete
NAME **BLANTON, JULIA**
STREET ADDRESS **4927 KINGSMADOW LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **BMD** ☐ Delete
NAME **HALPERN, JUDY.** **D**
STREET ADDRESS **4827 KINGSMADOW LN**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ Delete
NAME **JERRY BARKER** **D**
STREET ADDRESS **4876 KINGSMADOW LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Valorie Hall** **D**
STREET ADDRESS **4939 Kingstown Lane**
CITY-ST-ZIP **Jax. FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information.

SIGNATURE: **Valorie Hall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03 (904) 396-3212

Date

Daytime Phone #

CR2E037 (10/02)