2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25869

FILED Mar 16, 2011 Secretary of State

Entity Name: KINGWOOD GARDEN CONDOMINIUM ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

C/O ALLIANCE MANAGEMENT, LLC 4100 CORPORATE SQUARE STE 155

NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

C/O ALLIANCE MANAGEMENT, LLC 4100 CORPORATE SQUARE STE 155 NAPLES, FL 34104

FEI Number: 65-0059013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KNOLL, RICHARD H ALLIANCE MANAGEMENT, LLC 4100 CORPORATE SQUARE STE 155 NAPLES, FL 34104 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:

RANKIN, AMIE Name:

Address: 2250 WEST CROWN POINTE UNIT E124

City-St-Zip: NAPLES, FL 34112

Title:

Name: CINQUEGRANA, DEBRA

Address: 2350 WEST CROWN POINTE BLVD. UNIT F229

City-St-Zip: NAPLES, FL 34112

Title: VΡ

SUNDMAN, JOYE Name:

2050 WEST CROWN POINTE BLVD UNIT C109 Address:

City-St-Zip: NAPLES, FL 34112

Title:

Name: MEDIATE, MARIE

1950 WEST CROWN POINTE UNIT B205 Address:

City-St-Zip: NAPLES, FL 34112

Title:

SCOFIELD, LUCY Name: 127 RIDGE PARK AVENUE Address: STAMFORD, CT 06905 City-St-Zip:

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: DEBRA CINQUEGRANA Ρ 03/16/2011