

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39181

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** KINGSWAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5785 35TH STREET  
VERO BEACH, FL 32966 US

**New Principal Place of Business:**

5785 36TH LANE  
VERO BEACH, FL 32966 US

**Current Mailing Address:**

5785 35TH STREET  
VERO BEACH, FL 32966 US

**New Mailing Address:**

5785 36TH LANE  
VERO BEACH, FL 32966 US

**FEI Number:** 65-0203184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRBY, CHARLES  
5785 35TH STREET  
VERO BEACH, FL 32966 US

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

MEW, DOUG  
5785 36TH LANE  
VERO BEACH, FL 32966 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: DOUG MEW

04/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KIRBY, CHARLES  
Address: 5785 35TH STREET  
City-St-Zip: VERO BEACH, FL 32966 US

Title: VPD ( ) Delete  
Name: LOPRESTI, JIM  
Address: 5760 36TH LANE  
City-St-Zip: VERO BEACH, FL 32966 US

Title: SD ( ) Delete  
Name: WALKER, DEBRA  
Address: 5745 35TH STREET  
City-St-Zip: VERO BEACH, FL 32966 US

Title: TD ( ) Delete  
Name: DUNKMAN, ELMER  
Address: 5760 36TH PLACE  
City-St-Zip: VERO BEACH, FL 32966 US

Title: MD ( ) Delete  
Name: MILLS, DOTSON  
Address: 3660 57TH  
City-St-Zip: VERO BEACH, FL 32966 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MEW, DOUG  
Address: 5785 36TH LANE  
City-St-Zip: VERO BEACH, FL 32966 US

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

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: DEBRA WALKER

SD

04/29/2007

Electronic Signature of Signing Officer or Director

Date