2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90060 009 ****61.25

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1. Entity Name
KINGSFIELD HOMEOWNERS ASSOCIATION, INC.

50013521

Principal Place of Business	Mailing Address
4301 32ND ST. WEST #A19 BRADENTON, FL 34205	4301 32ND ST. WEST #A20 BRADENTON, FL 34205

01042005 Chg-NP CR2E037 (10/03)

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 65-0870708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C & S CONDO MGMNT. 4301 32ND ST. WEST #A20 BRADENTON, FL 34205	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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEVERLY, JUSTIN 4207 DONNINGTON DR. PARRISH, FL 34218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEVERLY, JUSTIN 4207 DONNINGTON DR PARRISH, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCHMORANE, LARRY 11813 COYLAR LANE PARRISH, FL 34219	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WINDLE, JIM 4231 MALICKSON DR PARRISH, FL 34219	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROE, FRANK 11747 SHIRBURN CIR. PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, MAT 12160 WARWICK CIR. PARRISH, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WILSON, MAT 12160 WARWICK CIR PARRISH, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARLS, ED 4143 BANBURY CIR PARRISH, FL 34219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: _____ Edward J CAMS JAN 30th 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #