


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 021 ****61.25

DOCUMENT # N98000004858					
1. Entity Name KINGSFIELD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4301 32ND ST. WEST #A19 BRADENTON, FL 34205			Mailing Address 4301 32ND ST. WEST #A20 BRADENTON, FL 34205		
2. Principal Place of Business 4085 Kingsfield Dr.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Parrish, FL		City & State		4. FEI Number 65-0870708	
Zip 34219		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C & S CONDO MGMNT. 4301 32ND ST. WEST #A20 BRADENTON, FL 34205			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 BEVERLY, JUSTIN	<input type="checkbox"/> Delete	TITLE NP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BEVERLY, JUSTIN		NAME Beverly, Justin			
STREET ADDRESS 4207 DONNINGTON DR.		STREET ADDRESS 4207 Donnington Dr.			
CITY-ST-ZIP PARRISH, FL 34219		CITY-ST-ZIP Parrish, FL 34219			
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WINDLE, JIM		NAME			
STREET ADDRESS 4231 MALICKSON DR		STREET ADDRESS			
CITY-ST-ZIP PARRISH, FL 34219		CITY-ST-ZIP			
TITLE DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ROE, FRANK		NAME			
STREET ADDRESS 11747 SHIRBURN CIR.		STREET ADDRESS			
CITY-ST-ZIP PARRISH, FL 34219		CITY-ST-ZIP			
TITLE DVF	<input checked="" type="checkbox"/> Delete	TITLE O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME WILSON, MAT		NAME Wolf, Chris			
STREET ADDRESS 12160 WARWICK CIR.		STREET ADDRESS 4138 Banbury Cir			
CITY-ST-ZIP PARRISH, FL 34219		CITY-ST-ZIP Parrish, FL 34219			
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CARLS, ED		NAME			
STREET ADDRESS 4143 BANBURY CIR		STREET ADDRESS			
CITY-ST-ZIP PARRISH, FL 34219		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					