


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 050 ****61.25

DOCUMENT # N98000004858	
1. Entity Name KINGSFIELD HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4085 KINGSFIELD DR PARRISH, FL 34219	Mailing Address 4301 32ND ST. WEST #A20 BRADENTON, FL 34205
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60043231



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0870708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 	(NOTE: Registered Agent signature required when reinstalling)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY, JUSTIN		NAME	Michael Burg	
STREET ADDRESS	4207 DONNINGTON DR.		STREET ADDRESS	4107 Bunbury Cir	
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP	Parrish, FL 34219	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINDLE, JIM		NAME	Jim Windley	
STREET ADDRESS	4231 MALICKSON DR		STREET ADDRESS	12151 Warwick Cir.	
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP	Parrish, FL 34219	
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, CHRIS		NAME		
STREET ADDRESS	4138 BUNBURG CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP		
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 or other like empowered.

SIGNATURE: 	2-20-07	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			