2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004858

FILED Feb 03, 2009 Secretary of State

Entity Name: KINGSFIELD HOMEOWNERS ASSOCIATION, INC.

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

4085 KINGSFIELD DR 4085 KINGSFIELD DRIVE PARRISH, FL 34219 PARRISH, FL 34219

Current Mailing Address: New Mailing Address:

FEI Number: 65-0870708 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:

C & S CONDO MGMNT. 4301 32ND ST. WEST #A20 BRADENTON, FL 34205 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 BURY, MICHAEL
 Name:
 BURY, MICHAEL

 Address:
 4107 BANBURY CIR
 Address:
 4107 BANBURY CIRCLE

Address: 4107 BANBURY CIR Address: 4107 BANBURY CIRCL City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

Title: S () Delete Title: S (X) Change () Addition Name: BRADLEY, TOM Name: BRADLEY, TOM

Address: 12151 WARWICK CIR Address: 12151 WARWICK CIRCLE
City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ROE, FRANK
 Name:
 ROE, FRANK

 Address:
 11747 SHIRBURN CIR.
 Address:
 11747 SHIRBURN CIRCLE

City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

 Name:
 PROPER, PAMELA
 Name:
 PARAS, STEPHEN

 Address:
 12123 WARWICK CIRCLE
 Address:
 4104 BANBURY CIRCLE

 City-St-Zip:
 PARRISH, FL 34219
 City-St-Zip:
 PARRISH, FL 34219

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: FRANK ROE P 02/03/2009