2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am E Secretary of State DOCUMENT # **N98000006537** 04-17-2002 90081 007 ****61.25 KINGSWAY OAKS PHASE II HOMEOWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address 2207 TOWERING OAKS CIR 2207 TOWERING OAKS CIR SEFFNER FL 33584 SEFFNER FL 33584 Principal Place of Business Maijing Addrass Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2718208 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES, JUDITH L 325 SOUTH BOULEVARD TAMPA FL 33606 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. (NOTE: Regist DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President Addition TITLE Delete TITLE ☐ Change NAME SCHNITZLER, CHRIS NAME Lisa Shepherd 2233 Towering Daks Cin STREET ADDRESS STREET ADDRESS 2325 TOWERING OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP Seffner SEFFNER FL 33584 FL VD. ✓ Delete Vice President ☐ Change Addition TITLE TITI F NAME HOWLE, GABRIELLE NAME Ken Miller 2231 Towering Oaks Cir STREET ADDRESS 2207 TOWERING OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 TD Change Addition TITI F TITI F Secretary 🖊 Delete Hy Kennedy FREEMAN, MARIA NAME NAME 36 Towering Oaks Cir. STREET ADDRESS 2331 TOWERING OAKS CIRCLE STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 33584 ☐ Delete Director 4T Addition Director Toby Schmeling Caks Ci. Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Director Addition Change TITLE ☐ Delete TITLE Robert Dubois NAME NAME Oaks Cir 50 Towering STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition TITLE ☐ Delete TITLE Director Jennifer Corbett NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33584 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.

FILED

Daytime Phone #