2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90022 047 ****61.25

DOCUMENT # N98000006537

1. Entity Name
KINGSWAY OAKS PHASE II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1824 SEFFNER, FL 33583 US	P O BOX 1824 SEFFNER, FL 33583 US

02062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 1058 Suite, Apt. #, etc.
City & State	City & State: Ruskin, FL
Zip / Country	Zip: 33575 / Country: USA

4. FEI Number 75-2718208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT DU BEIS
2250 TOWERING OAKS CIRCLE
SEFFNER, FL 33584

7. Name and Address of New Registered Agent

Name: Dee Anne King
Street Address (P.O. Box Number is Not Acceptable): 409 E. College Ave
City: Ruskin, FL **FL** Zip Code: 33570

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 _____ 2/18/04
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, 2004

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 SHEPHERD, LISA 2233 TOWERING OAKS CIR SEFFNER, FL 33584	☒ Delete	D Beveridge, Bob 2202 Towering Oaks Circle Seffner, FL 33584	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KENNEDY, BETTY 2236 TOWERING OAKS CIR SEFFNER, FL 33584	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBOIS, ROBERT 2250 TOWERING OAKS CIR SEFFNER, FL 33584	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORBETT, JENNIFER 2253 TOWERING OAKS CIR SEFFNER, FL 33584	☐ Delete	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Jennifer Corbett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #