

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 P O BOX 1824 SEFFNER, FL 33583 US	Mailing Address P O BOX 1824 SEFFNER, FL 33583 US
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2. Principal Place of Business		3. Mailing Address P.O. Box 1058	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ruskin, FL	
Zip	Country	Zip	Country
		33575	USA



02062004 Chg-NP CR2E037 (10/03)

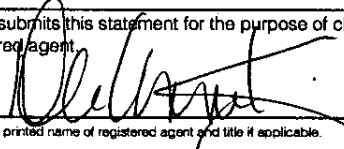
4. FEI Number 75-2718208	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROBERT DU BEIS 2250-TOWERING 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	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 	DATE 2/18/04
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPHERD, LISA 2233 TOWERING OAKS CIR SEFFNER, FL 33584 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, BETTY 2236 TOWERING OAKS CIR SEFFNER, FL 33584 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, ROBERT 2250 TOWERING OAKS CIR SEFFNER, FL 33584 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORBETT, JENNIFER 2253 TOWERING OAKS CIR SEFFNER, FL 33584 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beveridge, Bob 2202-Towering-Oaks Circle Seffner, FL 33584 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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