2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90022 007 ****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 1058 RUSKIN, FL 33575 US

DO NOT WRITE IN THIS SPACE

02242006 No Chg-NP CR2E037 (11/05)

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

KING, DEE A
409 E. COLLEGE AVE
RUSKIN, FL 33570

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEVERIDGE, BOB
STREET ADDRESS	2202 TOWERING OAKS CIRCLE
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	TD
NAME	BURKETT, RONALD
STREET ADDRESS	2304 TOWERING OAKS CIR
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	PD
NAME	DESTEFANIS, ROBERT
STREET ADDRESS	2323 TOWERING OAKS CIR
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: Robert P DeStefanis 2/27/06 813-281-0560 Ext 152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #