## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # N9800006537  1. Entity Name KINGSWAY OAKS PHASE II HOMEOWNERS' ASSOCIATION, INC.						03-05-2008	90030 00:	2 ****61.2	25
Principal Place P O BOX 182 SEFFNER, FL	24	Mailing Address P.O. BOX 1058 RUSKIN, FL 33575	บร						
Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02062008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Number 75-2718	208	-		plied For t Applicable
Zip	Country	Country Zip Co		intry	5. Certificate of Status Desired \$8.75 Additional Fee Regulated			itional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered /	Agent	
	- •			Name					
KING, DEE A 409 E. COLLEGE AVE RUSKIN, FL 33570				Street Address (P.O. Box Number is Not Acceptable)					
				City	<del></del>		<u> </u>	Zip Code	<u> </u>
	named entity submits this statement fo			<u> </u>					
SIGNATURE.	ions of registered agent.								
0.000.00.00	Signature, typed or printed name of registered agent	and title # applicable. (NOTE	: Registere	d Agent signature req	pulled when reinstating)		DATE		<del></del>
		9. Election Can Trust Fund C	npaign F	inancing _	\$5.00 May Be Added to Fees	1	Make check		
10.	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIE	9. Election Can Trust Fund C	npaign F	inancing _	\$5.00 May Be	Fk	Make checi orida Depar	tment of St	ate
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C RECTORS	npaign F Contributi 11.	inancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHAI	NGES TO OFFIC	Make checi orida Depar ERS AND Di	tment of St	ate
10. TITLE	Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIF DV PETERS, LEIF	9. Election Can Trust Fund C RECTORS	npaign F Contributi 11. TITUE NAME STREET	inancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHAI	NGES TO OFFIC	Make checi orida Depar ERS AND Di	tment of St	ate
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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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER BY DIRECTOR

2/12/08

8136451569

Daytime Phone #