2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State
04-22-2000 90124 018 ****61.25

DOCUMENT # N99000005735

1. Entity Name

KINGSWOOD B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HERMAN M. SAVOY 31 KINGSWOOD B W. PALM BEACH FL 33417	% HERMAN M. SAVOY 31 KINGSWOOD B W. PALM BEACH FL 33417-7719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 592196318 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVOY, HERMAN M
31 KINGSWOOD B
W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FULLERTON, BEA 23 KINGSWOOD B W. PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLACHA, JEANNINE 24 KINGSWOOD B W. PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEBENSTREIT, RUTH 27 KINGSWOOD B W. PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERT O'MALLEY 33 KINGSWOOD B WEST PALM BEACH, FL. 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAVOY, IRMA 31 KINGSWOOD B W. PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TEL. (561) 687-9955	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVOY, HERMAN M 31 KINGSWOOD B W. PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Herman M. Savoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #