## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 08:00 Al Secretary of State

DOCUMENT # N9900005735  1. Entity Name KINGSWOOD B CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business % IRMA SAVOY 31 KINGSWOOD B W. PALM BEACH, FL 33417  2. Principal Place of Business - No P.O. Box #  Suite. Apt. #. etc.  City & State  City & State  City & State					Secretary of St  Secretary of St  Chg-NP CR2E037 (12/06)  4. FEI Number Applied For				
. Zip Country		Zip Cou		intry		59-2196318 Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required		itional	
6. Name and Address of Current R		egistered Agent			7. Name and Add	7. Name and Address of New Registered Agent			
SAVOY, IRMA 31 KINGSWOOD B. W. PALM BEACH, FL 33417				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. I am familiar with, and accept the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Trust Fund Contribu				\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	OFFICERS AND DIF	•	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete TOLES, MERRILL 39 KINGWOOD B. WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000881608 U00000881608 04/16/08-80008-001 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLACHA, JEANNINE 24 KINGSWOOD B					☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Delete TOLES, RHODA 39 KINGSWOOD B WEST PALM BEACH, FL 33417					24.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SAVOY, IRMA 31 KINGSWOOD B			Į.				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAVOY, IRMA 31 KINGSWOOD B						☐ 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 exemptions contained in Chapter 119. Florida Statutes 1 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 OF DIRECTOR

1/2/08 561-689-8518 Dayline Prone #