

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S18730 (9)**  
1. Corporation Name  
**KINGSWOOD HOMEOWNERS ASSOCIATION II, INC.**



Principal Place of Business: **10215 OAK FOREST DR RIVERVIEW FL 33569**  
Mailing Address: **10215 OAK FOREST DR RIVERVIEW FL 33569**

2. Principal Place of Business: **P.O. BOX 3053**  
21 Suite, Apt. #, etc.  
22 City & State: **RIVERVIEW, FL**  
23 Zip: **33569** Country: **FL**  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified: **12/10/1990**  
3a. Date of Last Report: **01/06/1995**  
4. FEI Number: **59-2832162** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DURKIN, JOSEPH R  
10215 OAK FOREST DR  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent  
81 Name: **MARCIANO, MARCIANO**  
82 Street Address (P.O. Box Number is Not Acceptable): **10214 OAK FOREST DR**  
83 City: **RIVERVIEW** FL 85 Zip Code: **33569**

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE OF: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DURKIN, JOSEPH</b>
STREET ADDRESS	<b>10215 OAK FOREST DR RIVERVIEW FL</b>
CITY-STATE-ZIP	<b>RIVERVIEW FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>KASTEN, CARROLL</b>
STREET ADDRESS	<b>10108 KING OAK DR RIVERVIEW FL</b>
CITY-STATE-ZIP	<b>RIVERVIEW FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, RAYMOND</b>
STREET ADDRESS	<b>10326 OAK FOREST DR RIVERVIEW FL</b>
CITY-STATE-ZIP	<b>RIVERVIEW FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DRANDSON, DONALD</b>
STREET ADDRESS	<b>10309 OAK FOREST DR RIVERVIEW FL</b>
CITY-STATE-ZIP	<b>RIVERVIEW FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAGNER, NANCY</b>
STREET ADDRESS	<b>10312 OAK FOREST DR RIVERVIEW FL</b>
CITY-STATE-ZIP	<b>RIVERVIEW FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>KORTE, DONALD</b>
STREET ADDRESS	<b>10322 OAK FOREST DR RIVERVIEW FL</b>
CITY-STATE-ZIP	<b>RIVERVIEW FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>S/D Durkin, Joseph</b>
1.3 STREET ADDRESS	<b>10215 Oak Forest Dr. Riverview, FL 33569</b>
1.4 CITY-STATE-ZIP	<b>Riverview, FL 33569</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TD MARCINI, RICHARD C</b>
2.3 STREET ADDRESS	<b>10214 OAK FOREST DR RIVERVIEW, FL 33569</b>
2.4 CITY-STATE-ZIP	<b>RIVERVIEW, FL 33569</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VD <del>ROBERT HEINLET</del></b>
3.3 STREET ADDRESS	<b><del>10204 KING OAK DR RIVERVIEW, FL 33569</del></b>
3.4 CITY-STATE-ZIP	<b><del>RIVERVIEW, FL 33569</del></b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>P Brown, Raymond H.</b>
4.3 STREET ADDRESS	<b>10326 Oak Forest Dr Riverview, FL 33569</b>
4.4 CITY-STATE-ZIP	<b>Riverview, FL 33569</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>V Allwright, James</b>
5.3 STREET ADDRESS	<b>10032 Oak Forest Drive Riverview, FL 33569</b>
5.4 CITY-STATE-ZIP	<b>Riverview, FL 33569</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Raymond H Brown, President** 19 Mar 96 813/ 671-9176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)