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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: P.O. BOX 3053, RIVERVIEW FL 33569, US
Mailing Address: P.O. BOX 3063, RIVERVIEW FL 33568-9063, US

3. Date Incorporated or Qualified: 12/10/1990
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-2832162
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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

10. Name and Address of New Registered Agent: 81 Name: SLOCOMB, DORIS M., 82 Street Address: 10904 Whispering Oaks Dr., 83 Riverview, 84 City, 85 FL 33569

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.
SIGNATURE: Doris M. Slocomb, DATE: 2/19/97

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DURKIN, JOSEPH	
STREET ADDRESS	10215 OAK FOREST DR	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANCINI, RICHARD C	
STREET ADDRESS	10124 OAK FOREST DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, RAYMOND H.	
STREET ADDRESS	10326 OAK FOREST DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRANDSON, DONALD	
STREET ADDRESS	10309 OAK FOREST DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALLWRIGHT, JAMES	
STREET ADDRESS	10312 OAK FOREST DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORTE, DONALD	
STREET ADDRESS	10322 OAK FOREST DR	
CITY-ST-ZIP	RIVERVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SLOCOMB, DORIS M.	
1.3 STREET ADDRESS	10904 Whispering Oaks Cr.	
1.4 CITY-ST-ZIP	Riverview, Florida 33569	
2.1 TITLE	NO CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WAGNER, HOWARD N.	
3.3 STREET ADDRESS	10312 Oak Forest Drive	
3.4 CITY-ST-ZIP	Riverview, Florida 33569	
4.1 TITLE	NO CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MITCHELL, DICK	
5.3 STREET ADDRESS	10110 King Oak Drive	
5.4 CITY-ST-ZIP	Riverview, Florida 33569	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REED, HARRY	
6.3 STREET ADDRESS	110210 King Oak Drive	
6.4 CITY-ST-ZIP	Riverview, Florida 33569	

14. I do 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 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; that the receiver or trustee 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 on an attachment with an address.
SIGNATURE: RICHARD C. MANCINI, TREAS., DATE: 1/22/97, DAYTIME PHONE: 813-671-4411

CR2E034 (9/96)