

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 3053 RIVERVIEW FL 33569 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	12/10/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		59-2832162	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
24	25	29	30	\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
City & State		City & State		\$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SLOCOMB, DORIS 10904 WHISPERING OAKS DR RIVERVIEW FL 33569				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				RIVERVIEW	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: Howard N. Wagner HOWARD N. WAGNER, PRESIDENT 4-2-98
Signature, typed or printed name of registered agent, and filing date (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D	Donna Morgan	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SLOCOMB, DORIS M		1.2 NAME	10909 TALL OAK CIRCLE			
STREET ADDRESS	10904 WHISPERING OAKS CR		1.3 STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	GLORIA JOPER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANCINI, RICHARD C		2.2 NAME	10208 KING OAK DRIVE			
STREET ADDRESS	10124 OAK FOREST DR.		2.3 STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	RIVERVIEW FL 33569		2.4 CITY-ST-ZIP				
TITLE	P/D	<input type="checkbox"/> DELETE	3.1 TITLE	P/D	HOWARD N WAGNER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, HOWARD N		3.2 NAME	10312 OAK FOREST DRIVE			
STREET ADDRESS	10312 OAK FOREST DR		3.3 STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D	VINCENT PESSOLAND	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DRANDSON, DONALD		4.2 NAME	10314 OAK FOREST DRIVE			
STREET ADDRESS	10309 OAK FOREST DR		4.3 STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	DICK MITCHELL	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, DICK		5.2 NAME	10110 KING OAK DRIVE			
STREET ADDRESS	10110 KING OAK DR		5.3 STREET ADDRESS	RIVERVIEW, FL 33569			
CITY-ST-ZIP	RIVERVIEW FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REED, HARRY		6.2 NAME				
STREET ADDRESS	110210 KING OAK DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	RIVERVIEW FL		6.4 CITY-ST-ZIP				

14. 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 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 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: Howard N. Wagner 4-2-98 813-671-3939

CFR2034 (10/97)