

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/10/1990
24		29		4. FEI Number 59-2832162 Applied For <input type="checkbox"/> Not Applicable
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				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

9. Name and Address of Current Registered Agent SLOCOMB, DORIS 10904 WHISPERING OAKS DR RIVERVIEW FL 33569		10. Name and Address of New Registered Agent 81 Name HOWARD N. WAGNER 82 Street Address (P.O. Box Number is Not Acceptable) 10312 OAK FOREST DRIVE 83 84 City RIVERVIEW FL 85 Zip Code 33569	
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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**
(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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOCOMB, DORIS M	1.2 NAME	DONNA MORGAN
STREET ADDRESS	10904 WHISPERING OAKS CR	1.3 STREET ADDRESS	10909 TALL OAK CIRCLE
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANCINI, RICHARD C	2.2 NAME	GLORIA JOPER
STREET ADDRESS	10124 OAK FOREST DR.	2.3 STREET ADDRESS	10208 KING OAK DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	P/D <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, HOWARD N	3.2 NAME	HOWARD N WAGNER
STREET ADDRESS	10312 OAK FOREST DR	3.3 STREET ADDRESS	10312 OAK FOREST DRIVE
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRANDSON, DONALD	4.2 NAME	VINCENT PESSOLAND
STREET ADDRESS	10309 OAK FOREST DR	4.3 STREET ADDRESS	10314 OAK FOREST DRIVE
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, DICK	5.2 NAME	DICK MITCHELL
STREET ADDRESS	10110 KING OAK DR	5.3 STREET ADDRESS	10110 KING OAK DRIVE
CITY-ST-ZIP	RIVERVIEW FL	5.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
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**

CP2E034 (10/97)