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03-03-1999 90045 008 ***150.00

03/03/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S18730

1. Corporation Name
KINGSWOOD HOMEOWNERS ASSOCIATION II, INC.



Principal Place of Business Mailing Address
 P.O. BOX 3053 P.O. BOX 3053
 RIVERVIEW FL 33569 RIVERVIEW FL 33569
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1990

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
WAGNER, HOWARD N
10312 OAK FOREST DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name
SARAH B. CLARK

82 Street Address (P.O. Box Number is Not Acceptable)
10026 OAK FOREST DRIVE

83
RIVERVIEW FL 33569

84 City **FL** 85 Zip Code

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 **SARAH B. CLARK** (NOTE: Registered Agent signature required when reinstating) *Sarah B. Clark* DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORGAN, DONNA 10909 TA	
STREET ADDRESS	10904 WHISPERING OAKS CR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SOPER, GLORIA	
STREET ADDRESS	10208 KING OAK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, HOWARD N	
STREET ADDRESS	10312 OAK FOREST DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PESSOLAND, VINCENT	
STREET ADDRESS	10314 OAK FOREST DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, DICK	
STREET ADDRESS	10110 KING OAK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, HARRY	
STREET ADDRESS	110210 KING OAK DR	
CITY-ST-ZIP	RIVERVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	FARMANTAN, ARMEN
2.4 CITY-ST-ZIP	10214 KING OAK DRIVE RIVERVIEW, FL 33569
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	CLARK, SARAH B
3.4 CITY-ST-ZIP	10026 OAK FOREST DRIVE RIVERVIEW, FL 33569
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	BANG, ED
4.4 CITY-ST-ZIP	10024 KING OAK DRIVE RIVERVIEW, FL 33569
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	BREDEN, BETTY
5.4 CITY-ST-ZIP	10203 OAK FOREST DRIVE RIVERVIEW, FL 33569
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WHITE, PAT
6.4 CITY-ST-ZIP	10915 TALL OAK CR. RIVERVIEW, FL 33569

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, with all other like empowered.

SIGNATURE: *Donna Morgan* SIGNATURE: *Donna Morgan* 2/4/99 (313) 942-6411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)