

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90105 010 ***150.00

DOCUMENT # S18730

1. Entity 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 33568-9053
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2832162** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
Name **SARAH B. CLARK**
Street Address (P.O. Box Number is Not Acceptable)
10026 OAK FOREST DR.
City **RIVERVIEW** FL Zip Code **33569**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Sarah B. Clark* DATE 02-09-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE SD | <input checked="" type="checkbox"/> Delete MORGAN, DONNA 10909 TA 10904 WHISPERING OAKS CR RIVERVIEW FL 33569 | TITLE MC FALL, DAVID | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10001 OAK FOREST DR RIVERVIEW, FL 33569 |
| TITLE TD | <input type="checkbox"/> Delete FARMANTAN, ARMEN 10214 KING OAK DR RIVERVIEW FL 33569 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD | <input type="checkbox"/> Delete CLARK, SARAH B 10026 OAK FOREST DR RIVERVIEW FL 33569 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD | <input type="checkbox"/> Delete BANG, ED 10024 KING OAK DR RIVERVIEW FL 33569 | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | <input checked="" type="checkbox"/> Delete BREDEN, BETTY 10203 OAK FOREST DR RIVERVIEW FL 33569 | TITLE NAME PAT HARDY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10141 SHADOWDAK CR. RIVERVIEW, FL 33569 |
| TITLE D | <input checked="" type="checkbox"/> Delete WHITE, PAT 10915 TALL OAK CR RIVERVIEW FL 33569 | TITLE NAME ROBERT BRANT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10906 TALL OAK CT. RIVERVIEW FL, 33569 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SARAH B. CLARK* DATE 02-09-00 DAYTIME PHONE # 813-672-9265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)