

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90172 016 \*\*\*150.00

**DOCUMENT # S18730**

1. Entity Name  
**KINGSWOOD HOMEOWNERS ASSOCIATION II, INC.**

Principal Place of Business <b>P.O. BOX 3053  RIVERVIEW FL 33569  US</b>	Mailing Address <b>P.O. BOX 3053  RIVERVIEW FL 33569  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

**CLARK, SARAH B  
10026 OAK FOREST DR  
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **Nick Arnold**

Street Address (P.O. Box Number is Not Acceptable)  
**10146 Shadow Oaks Cir**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCFALL, DAVID 10201 OAK FOREST DR RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FARMANTAN, ARMEN 10214 KING OAK DR RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLARK, SARAH B 10026 OAK FOREST DR RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BANG, ED 10024 KING OAK DR RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARDY, PAT 10141 SHADOW OAK CIR RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRANT, ROBERT 10906 TALL OAK CR RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD NORMAN LEE ANDINA 10907 WHISPERING OAKS CIRCLE RIVERVIEW FL 33569-5960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD James Kresl 10229 Whispering Oaks Cir Riverview, FL 33569-5950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P. JAMES Allwright 10032 Oak Forest Dr. Riverview 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A NICK Arnold 10146 Shadow Oaks Cir Riverview, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONALD DRANDSONI 10309 OAK FOREST DRIVE RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Gloria Soper 10208 King Oak Drive Riverview, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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: *Norman Lee Andina* Date *April 5 2001* (813) 612-~~66~~ 5900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)