2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 25, 2004 8:00 am DOCUMENT # S18730 **Secretary of State** 1. Entity Name 03-25-2004 90038 014 \*\*\*150.00 KINGSWOOD HOMEOWNERS ASSOCIATION II, INC. Principal Place of Business Mailing Address P.O. BOX 3053 P.O. BOX 3053 **J40000** RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2832162 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Picci ARNOLD, NICK Street Address (P.O. Box Number is Not Acceptable) 10146 SHADOW OAKS COVE Whispering Oak 10902 RIVERVIEW FL 33569 Zip Code 335~49 Riverview 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. <u>رر م</u> SD TITLE ☐ Change Addition TITLE ☐ Detete Ricci, Ed NAME ANDINA, NORMAN L NAME 10902 Whispering Oak Circle STREET ADDRESS STREET ADDRESS 10907 WHISPERING OAKS CIR **RIVERVIEW FL 33569-5960** CITY-ST-7IP CITY-ST-7IP Priverview FL 33569 Change Change ☐ Addition TITLE ☐ Delete TITLE Arnold, Nick DONNA, MORGAN R NAME NAME 10146 Shedow Ooks Circle 10908 TALL OAKS CR STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Change ➤ Defete TITLE Addition TITLE Robertson, Kaya NAME ARNOLD, NICK NAME 10207 King Oak Dr STREET ADDRESS STREET ADDRESS 10146 SHADOW OAKS CIR CITY-ST-ZIP Riverview, FL 33529 CITY-ST-ZIP RIVERVIEW FL 33569 Addition TITLE Notete TITLE ☐ Change Geislar, Ethal BOND, LORNA NAME 10323 Oak Forust Dr. 10136 SHADOW OAK CR STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP Rivarviow, FL 335-49 **X** Delete Change Addition TITLE Dickson, Kitty HALL, MARION NAME NAME 10917 TALL OAK CR 10306 Oak Forest Dr STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-7IP RIVEYVIEW, FL 33569 Defete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an adviress, with all other like empowered.

SIGNATURE:

CiTY-ST-7IP

FILED