

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S18730

1. Entity 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222007

REIN-P

CR2E098 (1/07)

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

7. Name and Address of New Registered Agent

ROMLEDER, LOUIS
10910 TALL OAK CIR
RIVERVIEW, FL 33569

Name **PETER UGRICH**

Street Address (P.O. Box Number is Not Acceptable)
10140 SHADOW OAK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME SUTCLIFFE, JEANINE
STREET ADDRESS 10215 KING OAK DR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME **900111381095**
STREET ADDRESS **10/25/07--01047--018 **150.00**
CITY-ST-ZIP

TITLE T ☐ Delete
NAME UGRICH, PETER
STREET ADDRESS 10140 SHADOW OAKS CIR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BAHL, CAROL
STREET ADDRESS 10940 TALL OAK CIR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ROMLEDER, LOUIS
STREET ADDRESS 10910 TALL OAK CIR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME RAU, LUELLA
STREET ADDRESS 10124 SHADOW OAKS CIR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HERKO, VIRGINIA
STREET ADDRESS 10908 CIR OAK CT
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 OCT 25 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/26/07