

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90161 040 \*\*\*150.00



**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.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2832162

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UGRICH, PETER  
 10140 SHADOW AOK CIR.  
 RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name **VICTOR O. FOGLESONG**

Street Address (P.O. Box Number is Not Acceptable)  
**10305 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Victor O. Foglesong*

4-14-08

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SD	SUTCLIFFE, JEANINE	10215 KING OAK DR	RIVERVIEW FL 33569	<input checked="" type="checkbox"/>
D	UGRICH, PETER	10140 SHADOW OAKS CIR	RIVERVIEW FL 33569	<input type="checkbox"/>
R'VD	BAHL, CAROL	10940 TALL OAK CIR	RIVERVIEW FL 33569	<input type="checkbox"/>
D	ROMLEDER, LOUIS	10910 TALL OAK CIR	RIVERVIEW FL 33569	<input checked="" type="checkbox"/>
D	HERKO, VIRGINIA	10908 CIR OAK CT	RIVERVIEW FL 33569	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	FRANCIS M. HALL	10917 TALL OAK CR.	RIVERVIEW, FL 33569	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	VICTOR O. FOGLESONG	10305 OAK FOREST DR.	RIVERVIEW, FL 33569	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	DOROTHY DAVIDSON	10933 WHISPERING OAK CR.	RIVERVIEW, FL 33569	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARILYN BELL	10307 OAK FOREST DR.	RIVERVIEW, FL 33569	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PHYLLIS RANDALL	10105 SHADOW OAK CT	RIVERVIEW, FL 33569	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Victor O. Foglesong*

4-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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