2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18730

Entity Name: KINGSWOOD HOMEOWNERS ASSOCIATION II, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 3 RIVERVIEV	8053 V, FL 33569	US			FOREST DR. V, FL 33569	US	
Current Mailing Address:				New Mailing Address:			
P.O. BOX 3 RIVERVIEV	8053 V, FL 33569	US		P.O. BOX 3 RIVERVIEV	053 V, FL 33568	US	
FEI Number:	59-2832162	FEI Number Applied For ()	FEI Num	nber Not Appli	cable()	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of Ne	ew Registered Agent:	
10305 OAK RIVERVIEV The above	named entity su	US bmits this statement for the pur	pose of	10305 OAK RIVERVIEV	NG, VICTOR O FOREST DR. V, FL 33569 s registered off		
in the State						00/05/0000	
SIGNATUR		Signature of Registered Agent	<u> </u>			02/05/2009 Date	
Election Carr		Trust Fund Contribution ().	_			Date	
OFFICERS	AND DIRECTO	ORS:		ADDITION	S/CHANGES 1	TO OFFICERS AND DIRECTOR	5:
Title: Name: Address: City-St-Zip:	TD () D FOGLESONG, VIO 10305 OAK FORE RIVERVIEW, FL	EST DR		Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	P () D BAHL, CAROL 10940 TALL OAK RIVERVIEW, FL			Title: Name: Address: City-St-Zip:	P (X) HALL, MARION 10917 TALL OAK RIVERVIEW, FL		
Title: Name: Address: City-St-Zip:	SD () D DAVIDSON, DOR 10933 WHISPER RIVERVIEW, FL	OTHY ING OAK CR		Title: Name: Address: City-St-Zip:	SD (X) BAHL, CAROL 10940 TALL OAK RIVERVIEW, FL		
Title: Name: Address: City-St-Zip:	() D	velete		Title: Name: Address: City-St-Zip:	VP () C BENROTH, ZERI 10011 OAK FOR RIVERVIEW, FL	REST DR.	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	MEM () O UGRICH, PETER 10140 SHADOW RIVERVIEW, FL	/ OAK CR	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	MEM () O BELL, MARILYN 10307 OAK FOR RIVERVIEW, FL	REST DR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR O. FOGLESONG TREA 02/05/2009