

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0447165 AV

DOCUMENT # S18730

1. Entity Name
KINGSWOOD HOMEOWNERS ASSOCIATION II, INC.



05-05-2003 90156 019 ***150.00

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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
ARNOLD, NICK
10146 SHADOW OAKS COVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDINA, NORMAN L 10907 WHISPERING OAKS CIR RIVERVIEW FL 33569-5960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONNA, MORGAN R 10908 TALL OAKS CR RIVERVIEW FL 33569	<input type="checkbox"/> Delete	D Lorna Bond 10136 Shadow Oak Cr Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, NICK 10146 SHADOW OAKS CIR RIVERVIEW FL 33569	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DRANDSON, DONALD 10309 OAK FOREST DR RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete	D Marion Hall 10917 Tall Oak Cr Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOPER, GLORIA 10208 KING OAK DR RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: _____ **01/09/03**
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/02)