

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735814

Entity Name: KINGSWOOD, PHASE I, INC.

Current Principal Place of Business:

2950 SE OCEAN BLVD.
CLUBHOUSE PHASE 1
STUART, FL 34996

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400
STUART, FL 34994 US

FEI Number: 59-1695575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNETT, JANE
759 SW FEDERAL HIGHWAY
SUITE 213
STUART, FL 34994 US

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.

SIGNATURE: JANE CORNETT

03/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name JOHNSON, JACK
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title PRESIDENT
Name TORRELLI, RICHARD
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title SECRETARY
Name GILBERT, RITA
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title DIRECTOR
Name FILIPPINI, NANCY
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title VICE PRESIDENT
Name WARD, MARK
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title DIRECTOR
Name FREANEY, DIANE
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title TREASURER
Name BERARDUCCI, LOUIS
Address C/O COASTAL PROPERTY
MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

I hereby 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
SIGNATURE: RICHARD TORRELLI PRESIDENT 03/23/2021
hand, in the name of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears
above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date