

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735814

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC6400045314**

**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 100  
STUART, FL 34994 US

**FEI Number:** 59-1695575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORNETT, JANE  
401 EAST OSCEOLA ST. 1SRT FLOOR  
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

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SOBOLESKI, GENE  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            EVERETT, TOM  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title            TREASURER  
Name            S00S, TONY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            HUFNAGEL, CARL  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            STEWART, HILDA MAE  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100  
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEWART , HILDA MAE

**SECRETARY**

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date