

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37365 (6)**
1. Corporation Name
KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **90 ESTHER GOTTLIEB, 15 KINGSWOOD A, W. PALM BEACH FL 33417**
Mailing Address: **90 FRANCES AUGENBLICK, 452 DOVER C, WEST PALM BEACH FL 33417**

| | | | | | |
|--------------------------------|------------------|---------------------|------------------|---|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 15 KINGSWOOD A | 26 | 452 DOVER C | 03/26/1990 | 10/30/1995 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | 15 KINGSWOOD A | 27 | | 65-0191925 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | W. PALM Bch., FL | 28 | W. PALM Bch., FL | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Zip 33417 | 25 | Country U.S.A. | 6. Election Campaign Financing Trust Fund Contribution | |
| 29 | Zip 33417 | 30 | Country U.S.A. | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| AUGEBLICK, FRANCES 452 DOVER C WEST PALM BEACH FL 33417 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | FL | 85 | Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|------------------------|--|---|------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VICE PRES. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARNEY, JOAN | | 1.2 NAME | ESTHER GOTTLIEB | |
| STREET ADDRESS | KINGSWOOD A12 | | 1.3 STREET ADDRESS | 15 KINGSWOOD A | |
| CITY-ST-ZIP | W. PALM BEACH FL | | 1.4 CITY-ST-ZIP | W.P.B., FL 33417 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUGENBLICK, LOUIS | | 2.2 NAME | LOUIS AUGENBLICK | |
| STREET ADDRESS | 452 DOVER C | | 2.3 STREET ADDRESS | 452 DOVER C | |
| CITY-ST-ZIP | W. PALM BEACH FL 33417 | | 2.4 CITY-ST-ZIP | W.P.B., FL 33417 | |
| TITLE | DST | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUGENBLICK, FRANCES | | 3.2 NAME | | |
| STREET ADDRESS | 452 DOVER C | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL 33417 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDLUST, FAY | | 4.2 NAME | | |
| STREET ADDRESS | KINGSWOOD A-2 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGER, RHEA | | 5.2 NAME | | |
| STREET ADDRESS | KINGSWOOD A1 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROSSMAN, LILLIAN C | | 6.2 NAME | | |
| STREET ADDRESS | KINGSWOOD A14 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances Augenblick* 1/16/96 (407) 686-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: FRANCES AUGENBLICK

CR2E037 (12/95)