


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90007 030 ****61.25

DOCUMENT # N37365
 1. Entity Name
KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
EDWARD UGARTE **2400 CENTRE PARK W DRIVE**
20 KINGSWOOD A **SUITE 175**
WEST PALM BEACH FL 33417 **W PALM BEACH FL 33409**
US



2. Principal Place of Business 3. Mailing Address
Robert Aveyard
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5 Kingswood A

1st MOORE CR2E037 (10/04)

City & State City & State
West Palm Beach

4. FEI Number **65-0191925** Applied For
 Not Applicable

Zip Country Zip Country
33417 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FIELDS, ROSELYN
1 KINGSWOOD AVE
WEST PALM BEACH FL 33417

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UGARTE, EDWARD	
STREET ADDRESS	20 KINGSWOOD A	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FIELDS, ROSELYN	
STREET ADDRESS	1 KINGSWOOD A	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, ROBERT	
STREET ADDRESS	1 KINGSWOOD A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, JOAN	
STREET ADDRESS	12 KINGSWOOD A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONGIELLO, FRANK	
STREET ADDRESS	10 KING WOOD A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aveyard, Bob	
STREET ADDRESS	5 Kingswood A	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mongiello, Patricia	
STREET ADDRESS	10 Kingswood A	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fields, Roselyn	
STREET ADDRESS	Kingswood A	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maldonado, Luis	
STREET ADDRESS	15 Kingswood A	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Roselyn Fields* Roselyn Fields 3/8/05 616-9286
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #