


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 040 ****61.25

DOCUMENT # N37365			
1. Entity Name KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROBERT AVEYARD 5 KINGSWOOD A WEST PALM BEACH, FL 33417 US		Mailing Address 2400 CENTRE PARK W DRIVE SUITE 175 W PALM BEACH, FL 33409	
2. Principal Place of Business		3. Mailing Address <i>2400 Center Park W, Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 175</i>	
City & State		City & State <i>W Palm Bch, FL</i>	
Zip	Country	Zip	Country
<i>33409</i>	<i>USA</i>	<i>33409</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIELDS, ROSELYN 1 KINGSWOOD AVE WEST PALM BEACH, FL 33417		Name <i>Susan Maldonado</i> Street Address (P.O. Box Number is Not Acceptable) <i>15 Kingswood A</i> City <i>W. Palm Beach</i> FL Zip Code <i>33417</i>	
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 <i>Susan Maldonado</i>		DATE <i>2/19/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AVEYARD, BOB 5 KINGSWOOD A WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> SUSAN MALDONADO 15 Kingswood A W Palm Bch, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FIELDS, ROSELYN 1 KINGSWOOD A W. PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> MARGE CAMPBELL 17 Kingswood A W. Palm Bch, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONGIELLO, PATRICIA 10 KINGSWOOD A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> FIELDS, ROSELYN 1 Kingswood A W Palm Bch, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> FIELDS, ROSELYN 1 KINGSWOOD A WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete <i>NO LONGER TREASURER</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONGIELLO, FRANK 10 KING WOOD A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, LUIS 15 KINGSWOOD A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Frank Mongiello</i>		DATE <i>2/19/06</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>561 640-5528</i>	