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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

C/O ESTHER GOTTLIEB  
15 KINGSWOOD A  
W PALM BEACH FL 33417  
US

C/O FRANCES AUGENBLICK  
452 DOVER C.  
W PALM BEACH FL 33417-2224  
US

3. Date Incorporated or Qualified  
03/26/1990

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
65-0191925

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUGENBLICK, FRANCES  
AUGENBLICK, 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 office 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  DELETE  
NAME GOTTLIEB, ESTHER  
STREET ADDRESS 15 KINGSWOOD A  
CITY - ST - ZIP W PALM BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE P  DELETE  
NAME AUGENBLICK, LOUIS  
STREET ADDRESS 452 DOVER C  
CITY - ST - ZIP W PALM BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE DST  DELETE  
NAME AUGENBLICK, FRANCES  
STREET ADDRESS 452 DOVER C  
CITY - ST - ZIP W. PALM BEACH FL 33417

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D  DELETE  
NAME GOLDLUST, FAY  
STREET ADDRESS KINGSWOOD A-2  
CITY - ST - ZIP W. PALM BEACH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D  DELETE  
NAME BERGER, RHEA  
STREET ADDRESS KINGSWOOD A1  
CITY - ST - ZIP W. PALM BEACH FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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*, FRANCES AUGENBLICK 1/3/97 561-686-3631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038401

CP2E037 (9/96)