FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Feb 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # N37365 (6) KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.					A ARANJAR ARA JUNI MARRA INJA RIJAR ANJ RIJAN ANDI ANAJA RIBUR ASARK ANDI	 146
Principal Place of Business Mailing Address						
C/O ESTHER (C/O FRANCES AUGENBL	ION			
15 KINGSWOOD A		452 DOVER C.			3. Date Incorporated or Qualified	
W PALM BEAC	H FL 33417	W PALM BEACH FL 3341	7		03/26/1990 4. FEI Number Applied	For
US		US			65-0191925 Not Appl	
2. Principal Place of Business		2a. Mailing Address			CO 75 Addition	
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & State		City & State			Trust Fund Contribution	
23		28			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Zip Country		This corporation owes or has paid the current year Intengible	
24	26	29	30		Personal Property Tax due June 30. Yes No	NA
	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
452 DO	LICK, FRANCES VER C ALM BEACH FL 33417		81 82 83 84		dress (P.O. Box Number is Not Acceptable)	
office or r agent. I a SIGNATURE	Signature, typad or printed name of registered age:	nt and tille il applicable. (NC			rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as registed united when reinstating) DATE	
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	VP	DELETÉ	1.1 TITLE		Change A	Addition
NAME OTTOTT ADDRESS	GOTTLIEB, ESTHER 15 KINGSWOOD A		1.2 NAME	4000000		
STREET ADDRESS	W PALM BEACH FL		1.3 STREET	1		
CITY-ST-ZIP TITLE	P	DELETE	1.4 CITY - S 2.1 TITLE	1-214	☐ Change ☐ A	Addition
NAME	AUGENBLICK, LOUIS		2.2 NAME	İ		
STREET ADDRESS	452 DOVER C		23 STREET	ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		2. 4 CITY-	ST-ZIP	: `	
TITLE	DST	DELETE	3.1 TITLE		Change A	ddition
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 - 8	ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		[_] Change A	Addition
NAME	GOLDLUST, FAY		4. 2 NAME	ł		
STREET ADDRESS	KINGSWOOD A-2		4.3 STREET	- 1		
CITY-ST-ZIP TITLE	W. PALM BEACH FL D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ A	ddition
NAME	BERGER, RHEA	procit	5.1 TILE 5.2 NAME			5011011
STREET ADDRESS	KINGSWOOD A1		5.3 STREET	ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL					
TITLE			5.4 CITY-S 6.1 TITLE	1 211	☐ Change ☐ A	ddition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

CITY-ST-ZIP

14. 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 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.