

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90379 025 ****61.25

DOCUMENT # N37365

1. Entity 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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address *STATE AS ABOVE*

ROBERT AVEYARD

~~5 KINGSWOOD A~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 KINGSWOOD A

City & State
W. PALM BEACH, FL

City & State
FL

4. FEI Number

65-0191925

Applied For

Not Applicable

Zip

Country

Zip

Country

33417

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGENBLICK, FRANCES

Name

**AUGENBLICK, FRANCES
 452 DOVER C
 WEST PALM BEACH FL 33417**

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.

SIGNATURE *Frances Augenblick, FRANCES AUGENBLICK, SEC.* 1-15-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	CARNEY, JOAN	
STREET ADDRESS	12 KINGSWOOD A	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AUGENBLICK, LOUIS	
STREET ADDRESS	452 DOVER C	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	AUGENBLICK, FRANCES	
STREET ADDRESS	452 DOVER C	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDLUST, FAY	
STREET ADDRESS	KINGSWOOD A-2	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, RHEA	
STREET ADDRESS	KINGSWOOD A1	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT AVEYARD	
STREET ADDRESS	5 KINGSWOOD A	
CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Frances Augenblick, FRANCES AUGENBLICK* 1-15-2000 561-686-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)