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FILED
May 30, 2001 8:00 am
Secretary of State

05-03-2001 91099 004 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37365

1. Entity Name

KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

AVEYARD ROBERT
5 KINGSWOOD A
WEST PALM BEACH FL 33417
US

AVEYARD ROBERT
5 KINGSWOOD A
WEST PALM BEACH FL 33417
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0191925

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AUGEBUCK, FRANCES
452 DOVER C
WEST PALM BEACH FL 33417

Name: JOAN CARNEY

Street Address (P.O. Box Number is Not Acceptable)
12 KINGSWOOD A

City W.P.B.

FL

Zip Code 33417

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 Joan Carney - JOAN CARNEY

May 23, 2001
DATE

Signature, typed or printed name of registered agent and file if applicable. (NOTE: registered Agent's signature required when re-registering)

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: Delete
NAME: V CARNEY, JOAN
STREET ADDRESS: 12 KINGSWOOD A
CITY-ST-ZIP: W PALM BEACH FL 33417

TITLE: Change Addition
NAME: EDWARD UGARTE
STREET ADDRESS: 20 KINGSWOOD A
CITY-ST-ZIP: W.P.B., FL. 33417

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

TITLE: Change Addition
NAME: LILLIAN STEINBERG
STREET ADDRESS: 7 KINGSWOOD A
CITY-ST-ZIP: W.P.B., FL. 33417

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

TITLE: Change Addition
NAME: MARY GUSTAM
STREET ADDRESS: 14 KINGSWOOD A
CITY-ST-ZIP: W.P.B., FL. 33417

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

TITLE: Change Addition
NAME: MARGIE CAMPBELL
STREET ADDRESS: 17 KINGSWOOD A
CITY-ST-ZIP: W.P.B., FL. 33417

TITLE: Delete
NAME: O AVEYARD, ROBERT
STREET ADDRESS: 5 KINGSWOOD A
CITY-ST-ZIP: WEST PALM BEACH FL 33417

TITLE: Change Addition
NAME: JOAN CARNEY
STREET ADDRESS: 12 KINGSWOOD A
CITY-ST-ZIP: W.P.B., FL. 33417

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change 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)(l), 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: Joan Carney REQUIRE JOAN CARNEY - Pres. 561-640-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)