

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90084 030 \*\*\*\*61.25

**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

20 Kingswood A

20 Kingswood A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Edward Ugarte

Edward Ugarte

City & State

City & State

W. Palm Beach, FL

W. Palm Beach, FL

4. FEI Number

65-0191925

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

33417

Palm Beach

Zip

Country

33417

Palm Beach

6. Name and Address of Current Registered Agent

CARNEY, JOAN  
 12 KINGSWOOD A  
 WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name Edward Ugarte

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

20 Kingswood A

City West Palm Beach

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

*Edward Ugarte*

1/15/02

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	UGARTE, EDWARD	
STREET ADDRESS	20 KINGSWOOD A	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, LILLIAN	
STREET ADDRESS	7 KINGSWOOD A	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUSTAM, MARY	
STREET ADDRESS	14 KINGSWOOD A	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MARGIE	
STREET ADDRESS	17 KINGSWOOD A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	OP	<input type="checkbox"/> Delete
NAME	CARNEY, JOAN	
STREET ADDRESS	12 KINGSWOOD A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ugarte Edward	
STREET ADDRESS	20 Kingwood A	
CITY-ST-ZIP	W Palm Beach FL 33417	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roselyn Fields	
STREET ADDRESS	1 Kingswood A	
CITY-ST-ZIP	W. Palm Beach FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Fields	
STREET ADDRESS	1 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carney, Joan	
STREET ADDRESS	12 Kingswood A	
CITY-ST-ZIP	W Palm Beach, FL 33417	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ravine	
STREET ADDRESS	7 Kingswood A	
CITY-ST-ZIP	W Palm Beach FL 33417	

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: *Roselyn Fields* Roselyn Fields 1/15/02 561-616-9286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)