

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N37365	
1. Entity Name KINGSWOOD A CONDOMINIUM ASSOCIATION, INC.	



FILED
04 NOV 23 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business EDWARD UGARTE 20 KINGSWOOD A WEST PALM BEACH, FL 33417 US	Mailing Address EDWARD UGARTE 20 KINGSWOOD A WEST PALM BEACH, FL 33417 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2400 Centre pack W Suite 175 Drive
City & State W. Palm Beach	City & State W. Palm Beach
Zip 33409	Country USA

11032004 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0191925	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UGARTE, EDWARD 20 KINGSWOOD A WEST PALM BEACH, FL 33417	7. Name and Address of New Registered Agent Name Roselyn Fields Street Address (P.O. Box Number is Not Acceptable) 1 Kingswood Ave City W. Palm Beach FL Zip Code 33417
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Roselyn Fields, Treasurer DATE 11/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UGARTE, EDWARD 20 KINGSWOOD A W PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042963506 11/23/04--01048--019 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FIELDS, ROSELYN 1 KINGSWOOD A W. PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, ROBERT 1 KINGSWOOD A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARNEY, JOAN 12 KINGSWOOD A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONGIELLO, FRANK 10 KINGSWOOD A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Roselyn Fields, Treasurer DATE 11/19/04 DAYTIME PHONE # 845-352-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR