


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90197 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726993**

1. Corporation Name  
**KINGSLAND PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business 10515 SW 56TH AVENUE OCALA FL 34478	Mailing Address 10515 SW 56TH AVENUE OCALA FL 34478
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2. Principal Place of Business 21 4835 S.W. 101ST LANE Suite, Apt. #, etc. 22	2a. Mailing Address 26 4835 S.W. 101ST LANE Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/20/1973	4. FEI Number APPLIED FOR 59-3492610	Applied For Not Applicable
23 Ocala FLORIDA City & State	28 Ocala, FLORIDA City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 34481 Zip	25 MARION Country	29 34481 Zip	30 MARION Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

STERMER, ROBERT A  
 8585 SW HWY. 200  
 SUITE 9  
 OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CINA, VINCENT	
STREET ADDRESS	10197 SW 65TH TERRACE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GANNON, JOHN	
STREET ADDRESS	5812 NW 25TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARIE B	
STREET ADDRESS	10136 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	LESTER STURTRIDGE
3.4 CITY-ST-ZIP	900 GULF BLVD STE 102 INDIAN ROCKS BEACH, FL 33785
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: *Vincent A. Cina* VINCENT A. CINA, PRES. 4-22-99 (352) 873-2980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)