


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90117 024 ****61.25

DOCUMENT # 726993			
1. Entity Name KINGSLAND PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 4835 SW 101ST LANE OCALA, FL 34481 US		Mailing Address 4835 SW 101ST LANE OCALA, FL 34481 US	
2. Principal Place of Business 4370 1/2 S.W. 103RD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 773359 Suite, Apt. #, etc.	
City & State OCALA, FL.		City & State OCALA, FL.	
Zip 34476 Country U.S.		Zip 34477 Country U.S.	
6. Name and Address of Current Registered Agent GANNON, JOHN 2148 W. MAYA PALM DRIVE BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name CYNTHIA R. MOVINSKI Street Address (P.O. Box Number is Not Acceptable) 9579 S.W. 44th AVE City OCALA FL Zip Code 34476	
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 CYNTHIA R. MOVINSKI STD		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Cynthia R. Movinski	
DATE 4-30-05		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CINA, VINCENT 4835 SW 101 ST LA OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter C. Layne 4370 SW 103rd Street Rd. Ocala, FL 34476-7743 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GANNON, JOHN 2148 W MAYA PALM DR BOCA RATON, FL 33432 <input checked="" 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	STD STURTRIDGE, LESTER 900 GULF BLVD, STE #102 INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CYNTHIA R. MOVINSKI 9579 S.W. 44th AVE OCALA, FL. 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADLOWSKI, LOYDE 4835 SW 101 ST LA OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dominick Gucciardo 9609 S.W. 44th AVE OCALA, FL. 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBART, EDWARD 4835 SW 101ST LA OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD ALBART 4021 SW 103RD LANE OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input checked="" 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)(f), 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 **Cynthia R. Movinski**

4-30-05.