




# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 726993</b> 1. Entity Name <b>KINGSLAND PROPERTY OWNER'S ASSOCIATION, INC.</b>				<b>FILED</b> 05 AUG -3 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4370 1/2 SW 103 RD OCALA, FL 34476 US		Mailing Address PO BOX 773359 OCALA, FL 34477 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		08012005 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-3492610</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MOVINSKI, CYNTHIA R</b> <b>9579 SW 44TH AVE</b> <b>OCALA, FL 34476</b>			7. Name and Address of New Registered Agent Name <b>Albright Dorothy J</b> Street Address (P.O. Box Number is Not Acceptable) <b>4688 SW 103rd Place</b> City <b>OCALA</b> FL Zip Code <b>34476</b>		
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 <u><i>Dorothy J. Albright</i></u> <u><i>Dorothy J. Albright</i></u> <u><i>8/1/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAYNE, WALTER C 4370 SW 103RD ST RD OCALA, FL 34476743	<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	ST MOVINSKI, CYNTHIA R 9579 SW 44TH AVE OCALA, FL 34476	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALBRIGHT, DOROTHY J. 4688 SW 103rd PLACE OCALA, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUCCIARDO, DOMINICK 9609 S.W. 44TH AVE OCALA, FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800058541308 08/15/05--01002--006 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBART, EDWARD 4021 SW 103RD LANE OCALA, FL 34476	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 all other like empowered.					
SIGNATURE: <u><i>Walter C. Layne</i></u>			08/01/2005 <sup>352-</sup> 237-4495		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		