


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90025 041 ****61.25

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DOCUMENT # 726993					
1. Entity Name KINGSLAND PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 4370 1/5 SW 103 RD OCALA, FL 34476 US			Mailing Address PO BOX 773359 OCALA, FL 34477 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBRIGHT, DOROTHY J 4688 SW 108TH PLACE OCALA, FL 34476				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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: <i>Dorothy J. Albright</i> Signature, typed or printed name of registered agent and title if applicable.				DATE: <i>1/23/06</i> DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	PTD	<input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYNE, WALTER C			NAME	
STREET ADDRESS	4370 SW 103RD ST RD			STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 344767743			CITY - ST - ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, DOROTHY J			NAME	
STREET ADDRESS	4688 SW 108TH PLACE			STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 34476			CITY - ST - ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUCCIARDO, DOMINICK			NAME	
STREET ADDRESS	9609 S.W. 44TH AVE			STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 34476			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBART, EDWARD			NAME	
STREET ADDRESS	4021 SW 103RD LANE			STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 34476			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Dorothy J. Albright</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <i>1/23/06</i> Date	
				Overtime Phone #: <i>352-237-4435</i>	