

2006 Amended A/R

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

08-03-2006 90004012\*\*\*61.25  
726993

**FILED**


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50024133

CR2E037B (8/05)

DOCUMENT # **726993**  
1. Entity Name  
**KINGSLAND PROPERTY OWNERS ASSOCIATION, Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4370 SW 103 ST. ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**K POA**  
Suite, Apt. #, etc.  
**P.O. Box 773359**

City & State  
**OCALA FLORIDA**

City & State  
**OCALA, FLORIDA**

Zip  
**34476**

Country  
**U.S.A**

Zip  
**34477**

Country  
**U.S.A**

4. FEI Number  
**59-3492610**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

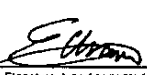
7. Name and Address of Current Registered Agent

Name **EDUARDO C. DEL ROSARIO**

Street Address (P.O. Box Number is Not Acceptable)  
**4669 S.W. 102 LANE ROAD**

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  **Eduardo C. Del Rosario - SECRETARY/TREASURER** DATE **7/27/06**

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

**FEE IS \$61.25**  
Initial or Amended AR

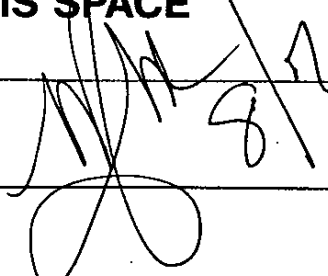
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>WALTER C. LAYNE</b> <b>4370 SW 103 RD. ST. ROAD</b> <b>OCALA, FLORIDA 34476</b>
TITLE <b>V.P.</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID HARTLEY</b> <b>10177 SW 49TH AVENUE</b> <b>OCALA, FLORIDA 34476</b>
TITLE <b>ST</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>EDUARDO C. DEL ROSARIO</b> <b>4669 S.W. 102 LANE ROAD</b> <b>OCALA, FLORIDA 34476</b>
TITLE <b>V.P.</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MIGUEL DIAZ</b> <b>4370 SW 115TH STREET</b> <b>OCALA, FLORIDA 34476</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**



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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Eduardo C. Del Rosario - ST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/27/06** 352-237-4437

Date Daytime Phone #