2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726993

FILED Jaņ 0<u>8, 2</u>008 Secretary of State

Entity Name: KINGSLAND PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4370 SW 102ND ST. RD 7500 SW 61ST AVE OCALA, FL 34476 800 OCALA, FL 34476 **Current Mailing Address: New Mailing Address:** PO BOX 773359 OCALA, FL 34476 US FEI Number: 59-3492610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUMMER, BRENT 4430 SW 98TH ST. OCALA, FL 34476 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAYNE, WALTER Name: Name: 4370 SW 103RD ST RD Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: VST () Delete Title: () Change () Addition Name: BRUMMER, BRENT Name: Address: 4430 SW 98TH ST. Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: () Delete Title: (X) Change () Addition BLACK, IRVIN Name: TAYLOR, MATTHEW Name: 4855 SW 106TH LN. 10132 SW 41ST TER Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34476 Title: () Delete Title: (X) Change () Addition HARTLEY, DAVID Name: Name: PETRIE, TODD 7901 SW 130TH AVE. Address: 10177 SW 49TH AVE. Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34473

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: WALTER C. LAYNE 01/08/2008