

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2009  
Secretary of State**

DOCUMENT# 726993

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

**Current Principal Place of Business:**

7500 SW 61ST AVE  
800  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 773359  
OCALA, FL 34476 US

**New Mailing Address:**

PO BOX 773359  
OCALA, FL 34477 US

FEI Number: 59-3492610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRUMMER, BRENT  
4430 SW 98TH ST.  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: LAYNE, WALTER  
Address: 4370 SW 103RD ST RD  
City-St-Zip: Ocala, FL 34476

Title: VST ( ) Delete  
Name: BRUMMER, BRENT  
Address: 4430 SW 98TH ST.  
City-St-Zip: Ocala, FL 34476

Title: V ( ) Delete  
Name: TAYLOR, MATTHEW  
Address: 10132 SW 41ST TER  
City-St-Zip: Ocala, FL 34476

Title: V ( ) Delete  
Name: PETRIE, TODD  
Address: 7901 SW 130TH AVE.  
City-St-Zip: Ocala, FL 34473

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WALTER C. LAYNE

P

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date