

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90558 013 \*\*\*\*61.25

**DOCUMENT # 708072**

1. Entity Name  
**KINGSTON CLUB, INCORPORATED**



Principal Place of Business  
%INTEGRATED PROPERTY MGMT.  
3435 -10TH ST. N. -STE 201  
NAPLES, FL 34103 US

Mailing Address  
%INTEGRATED PROPERTY MGMT.  
3435 -10TH ST. N. -STE 201  
NAPLES, FL 34103 US

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03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1210544**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BECKR AND PILIAKOFF PA  
3003 TAMiami TR N STE 210  
NAPLES, FL 34103

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	THORNBOROUGH, STEVE
STREET ADDRESS	1820 GULF SHORE BLVD N
CITY - ST - ZIP	NAPLES, FL
TITLE	SD
NAME	BROWN, DONALD
STREET ADDRESS	1820 GULF SHORE BLVD., N.
CITY - ST - ZIP	NAPLES, FL
TITLE	PD
NAME	MAGIN, MIKE
STREET ADDRESS	1820 GULF SHORE BLVD. N.
CITY - ST - ZIP	NAPLES, FL
TITLE	TD
NAME	PARKER, MERLE
STREET ADDRESS	1820 GULF SHORE BLVD. N.
CITY - ST - ZIP	NAPLES, FL
TITLE	VD
NAME	WILSON, GLEN
STREET ADDRESS	1820 GULF SHORE BLVD. N.
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:**

*Michael R Magin* **MICHAEL R. MAGIN** 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #