


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90183 049 \*\*\*\*61.25

<b>DOCUMENT # 708072</b> 1. Entity Name <b>KINGSTON CLUB, INCORPORATED</b>					
Principal Place of Business <b>%INTEGRATED PROPERTY MGMT.</b> <b>3435 - 10TH ST. N. - STE 201</b> <b>NAPLES, FL 34103</b>			Mailing Address <b>%INTEGRATED PROPERTY MGMT.</b> <b>3435 - 10TH ST. N. - STE 201</b> <b>NAPLES, FL 34103</b>		
2. Principal Place of Business <b>1820 Gulf Shore Blvd N.</b>			3. Mailing Address <b>90 Putnam Mgmt.</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. <b>792 94 Ave. N.</b>		
City & State <b>NAPLES, FL.</b>			City & State <b>NAPLES, FL.</b>		
Zip <b>34102</b>			Zip <b>34108</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>59-1210544</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BECK AND PILIAK OFF PA</b> <b>3003 TAMiami TR N STE 210</b> <b>NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>PUTNAM, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>792 94 Ave. N.</b> City <b>NAPLES</b> FL Zip Code <b>34108</b>		
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 <u><i>David Putnam</i></u> <b>DAVID PUTNAM</b> <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DT	<input type="checkbox"/> Delete			
NAME	THORNBOROUGH, STEVE				
STREET ADDRESS	1820 GULF SHORE BLVD N				
CITY-ST-ZIP	NAPLES, FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	BROWN, DONALD				
STREET ADDRESS	1820 GULF SHORE BLVD., N.				
CITY-ST-ZIP	NAPLES, FL				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	MAGIN, MIKE				
STREET ADDRESS	1820 GULF SHORE BLVD. N.				
CITY-ST-ZIP	NAPLES, FL				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	PARKER, MERLE				
STREET ADDRESS	1820 GULF SHORE BLVD. N.				
CITY-ST-ZIP	NAPLES, FL				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	WILSON, GLEN				
STREET ADDRESS	1820 GULF SHORE BLVD. N.				
CITY-ST-ZIP	NAPLES, FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	ROSENTHAL, JAVIER				
STREET ADDRESS	1820 GULF SHORE BLVD N #B				
CITY-ST-ZIP	NAPLES, FL. 34102				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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: <u><i>Michael R. Magin</i></u> <b>MICHAEL R. MAGIN, PRES.</b> <u>5/1/06</u> <u>513-367-0047</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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