2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 708072

Entity Name: KINGSTON CLUB, INCORPORATED

Current Principal Place of Business:

1820 GULFSHORE BLVD N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

C/O PUTNAM MGMT.
792 94 AVE N
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-1210544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUTNAM, DAVID
792 94 AVE N
NAPLES, FL 34108 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: DVP ( ) Delete
Name: ROSENTHAL, JANICE
Address: 1820 GULFSHORE BLVD N B
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: BROWN, DONALD
Address: 1820 GULF SHORE BLVD. N, UNIT N
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete
Name: MAGIN, MIKE
Address: 1820 GULF SHORE BLVD. N, UNIT M
City-St-Zip: NAPLES, FL 34102

Title: DT ( ) Delete
Name: MALMSTROM, JOHN
Address: 1820 GULF SHORE BLVD. N, UNIT J
City-St-Zip: NAPLES, FL 34102

Title: DS ( ) Delete
Name: WILSON, BARBRO
Address: 1820 GULF SHORE BLVD. N, UNIT Q
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: PARKER, MERLE
Address: 1820 GULF SHORE BLVD. N, UNIT Q
City-St-Zip: NAPLES, FL 34102

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: MIKE MAGIN PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date