

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:13

DOCUMENT # 725734 (8)

1. Corporation Name

KINGMAN ACRES CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

2245 LETHA COURT
STUART FL 34994

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STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1973** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-1525878** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGLEY, RALPH L
2111 EDLER DRIVE
STUART FL 34994**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	NIX, ISABEL J.
STREET ADDRESS	2140 ELDER DRIVE
CITY - ST - ZIP	STUART FL
TITLE	SD
NAME	DEPATIE, CHARLES P
STREET ADDRESS	2116A EDLER DR
CITY - ST - ZIP	STUART, FL 00000
TITLE	PD
NAME	HIGLEY, RALPH L
STREET ADDRESS	2111 EDLER DR
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	ADAMS, HELEN M.
STREET ADDRESS	2128 EDLER DRIVE
CITY - ST - ZIP	STUART FL
TITLE	DVP
NAME	O'CONNOR, THOMAS J.
STREET ADDRESS	2106 EDLER DRIVE
CITY - ST - ZIP	STUART, FL 00000
TITLE	D
NAME	CAMMARATO, ATTILIO
STREET ADDRESS	2126 EDLER DR
CITY - ST - ZIP	STUART FL

11 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Thomas R. Alt	
13 STREET ADDRESS	2154 Edler Drive	
14 CITY - ST - ZIP	Stuart, FL. 34994	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Charles P. Depatie	
23 STREET ADDRESS	2116A Edler Drive	
24 CITY - ST - ZIP	Stuart, FL. 34994	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Marjorie L. Alt	
33 STREET ADDRESS	2154 Edler Drive	
34 CITY - ST - ZIP	Stuart, FL. 34994	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph L. Higley, Ralph L. Higley Jan. 24, 1995 407-287-3254

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Printed