

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **725734** (8)

1. Corporation Name
KINGMAN ACRES CONDOMINIUM, INC.



Principal Place of Business: **2245 LETHA COURT STUART FL 34994**
Mailing Address: **2245 LETHA COURT STUART FL 34994**

3. Date Incorporated or Qualified: **03/06/1973**
3a. Date of Last Report: **03/29/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-1525878	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country				
30							

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Thomas R. Alt, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIX, ISABEL J.	1.2 NAME	2154 Edler Drive
STREET ADDRESS	2140 ELDER DRIVE	1.3 STREET ADDRESS	Stuart, Fl. 34994
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEPATIE, CHARLES P	2.2 NAME	Marjorie L. Alt,
STREET ADDRESS	2116A EDLER DR	2.3 STREET ADDRESS	2154 Edler Drive
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HIGLEY, RALPH L	3.2 NAME	
STREET ADDRESS	2111 EDLER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ADAMS, HELEN M.	4.2 NAME	
STREET ADDRESS	2128 EDLER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	O'CONNOR, THOMAS J.	5.2 NAME	
STREET ADDRESS	2106 EDLER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CAMMARATO, ATTILIO	6.2 NAME	
STREET ADDRESS	2126 EDLER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 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 119.07(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** 1/26/96 407-287-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)