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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34994-4560
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3. Date Incorporated or Qualified 03/06/1973	3a. Date of Last Report 02/29/1996
4. FEI Number 59-1525878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	NIX, ISABEL J.
STREET ADDRESS	2140 ELDER DRIVE
CITY-ST-ZIP	STUART FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ALT, THOMAS R.
STREET ADDRESS	2154 EDLER DR
CITY-ST-ZIP	STUART FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HIGLEY, RALPH L
STREET ADDRESS	2111 EDLER DR
CITY-ST-ZIP	STUART, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	ADAMS, HELEN M.
STREET ADDRESS	2128 EDLER DRIVE
CITY-ST-ZIP	STUART FL
TITLE	XXX D <input type="checkbox"/> DELETE
NAME	O'CONNOR, THOMAS J.
STREET ADDRESS	2108 EDLER DRIVE
CITY-ST-ZIP	STUART, FL 00000
TITLE	D VP <input type="checkbox"/> DELETE
NAME	CAMMARATO, ATTILIO
STREET ADDRESS	2128 EDLER DR
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marjorie L. Alt,
1.3 STREET ADDRESS	2144 Edler Drive
1.4 CITY-ST-ZIP	Stuart, Fl. 34994
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

Ralph L. Higley Jan 6, 1997 561-287-3254

CR2E037 (9/96)