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Mar 02, 1999 8:00 am
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03-02-1999 90181 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725734

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1525878	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIX, ISABEL JR	1.2 NAME	Donald P. Knott
STREET ADDRESS	2180 EDLER DR	1.3 STREET ADDRESS	2150 Edler Drive
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALT, THOMAS R.	2.2 NAME	Doris S. Beswick
STREET ADDRESS	2154 EDLER DR	2.3 STREET ADDRESS	2131 Edler Drive
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	Stuart, Fl. 34994
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGLEY, RALPH L	3.2 NAME	Marjorie L. Alt
STREET ADDRESS	2111 EDLER DR	3.3 STREET ADDRESS	2154 Edler Drive
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	Stuart, Fl. 34994
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 checked="" 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 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, with all other like empowered.

SIGNATURE: **Ralph N. Higley** Date: **1/21/99** Daytime Phone #: **561-287-3254**

CR2E037 (11/98)