

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90001 048 \*\*\*\*61.25

**DOCUMENT # 725734**

1. Entity Name

**KINGMAN ACRES CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**2245 LETHA COURT  
 STUART FL 34994**

**2245 LETHA COURT  
 STUART FL 34994-4905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1525878**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** - Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
**KNOTT, DONALD P**  
 STREET ADDRESS **2150 EDLER DR**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME **Director & Vice-Pres.**  
**Thomas J. O'Connor**  
 STREET ADDRESS **2106 Edler Drive**  
 CITY-ST-ZIP **Stuart, Fl. 34994**

TITLE  Delete  
 NAME **TD**  
**ALT, THOMAS R.**  
 STREET ADDRESS **2154 EDLER DR**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME **Director & Secretary**  
**Kristi K. Cook**  
 STREET ADDRESS **2119 Edler Drive**  
 CITY-ST-ZIP **Stuart, Fl. 34994**

TITLE  Delete  
 NAME **PD**  
**HIGLEY, RALPH L**  
 STREET ADDRESS **2111 EDLER DR**  
 CITY-ST-ZIP **STUART, FL 00000**

TITLE  Change  Addition  
 NAME **Director (Listed in 1999)**  
**Marjorie L. Alt.**  
 STREET ADDRESS **2154 Edler Drive**  
 CITY-ST-ZIP **Stuart, Fl. 34994**

TITLE  Delete  
 NAME **D**  
**ADAMS, HELEN M.**  
 STREET ADDRESS **2128 EDLER DRIVE**  
 CITY-ST-ZIP **STUART FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**BESWICK, DORIS S**  
 STREET ADDRESS **2131 EDLER DRIVE**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**CAMMARATO, ATTILIO**  
 STREET ADDRESS **2126 EDLER DR**  
 CITY-ST-ZIP **STUART FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ralph L. Higley** 1/14/2000 561-287-3254  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #