


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 021 ****61.25

DOCUMENT # 725734

1. Entity 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 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

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

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMER, PAUL L
2139 ELDER DRIVE
STUART FL 34994

7. Name and Address of New Registered Agent

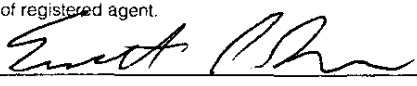
Name: **ELIZABETH P. BONAN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable): **ROSS EARLE & BONAN, P.A.**

759 S. FEDERAL HIGHWAY, SUITE 212

City: **STUART** FL Zip Code: **34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **2/16/04**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	TD ALT, THOMAS R.	<input type="checkbox"/> Delete
STREET ADDRESS	2154 EDLER DR	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	VD JOHNSTON, ROBIN	<input type="checkbox"/> Delete
STREET ADDRESS	2100 EDLER DR	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	SD CATHLEEN, MITSCH	<input type="checkbox"/> Delete
STREET ADDRESS	2122A EDLER DRIVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	PD HAMMER, PAUL L	<input type="checkbox"/> Delete
STREET ADDRESS	2139 EDLER DRIVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	D VYVYAN, PRIBULA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2102 ELDER DRIVR	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	D COMMARATO, ATTILIO	<input type="checkbox"/> Delete
STREET ADDRESS	2126 EDLER DR	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D O'CONNOR, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2106 EDLER DR	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	D JANKESKO, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4829 GLENN RIDGE TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **PAUL L. HAMMER** Date: **1-28-04** Daytime Phone #: **772-219-4176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR