

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90034 033 \*\*\*\*61.25



<b>DOCUMENT # 725734</b>	
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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-1525878</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BONAN, ELIZABETH P ESQ. BOSS EARIE BONAN P. A. 759 S. FEDERAL HWY STE 212 STUART FL 34994</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

B. 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 \_\_\_\_\_  
Signature type for printed name of registered agent and title (if phone no. (NOTE: Registered Agent signature required when requesting)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD <input checked="" type="checkbox"/> Delete	NAME: ALT, THOMAS R. STREET ADDRESS: 2154 EDLER DR CITY-ST-ZIP: STUART FL 34994	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete	NAME: HARR, LINDA STREET ADDRESS: 2116A EDLER DR CITY-ST-ZIP: STUART FL 34994	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ST D VYVYAN PRIBOLA 2102 EDLER DRIVE STUART, FL 34994
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: ASHLEY, KRISTI STREET ADDRESS: 2119 SE EDLER DR. CITY-ST-ZIP: STUART FL 34994	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD <input type="checkbox"/> Delete	NAME: HAMMER, PAUL L STREET ADDRESS: 2139 EDLER DRIVE CITY-ST-ZIP: STUART FL 34994	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D HARR, DANIAL 2116A EDLER DRIVE STUART, FL 34994
TITLE: D <input type="checkbox"/> Delete	NAME: JANESKO, THOMAS J STREET ADDRESS: 4829 GLENRIDGE TRAK CITY-ST-ZIP: STUART FL 34997	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD JANESKO, THOMAS J. 4829 GLENRIDGE TERR. STUART, FL 34997
TITLE: D <input type="checkbox"/> Delete	NAME: ADAMS, HELEN STREET ADDRESS: 2128 SE EDLER DR. CITY-ST-ZIP: STUART FL 34994	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Hammer* PAUL HAMMER 1-24-08 777-219-4176