

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725734

FILED
Jan 05, 2009
Secretary of State

Entity Name: KINGMAN ACRES CONDOMINIUM, INC.

Current Principal Place of Business:

2245 LETHA COURT
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2245 LETHA COURT
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1525878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAN, ELIZABETH P ESQ.
BOSS EARIE BONAN P. A.
759 S. FEDERAL HWY STE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARR, LINDA
Address: 2116A EDLER DR
City-St-Zip: STUART, FL 34994

Title: STD () Delete
Name: VYVYAN, PRIBULA
Address: 2102 DELOR DR
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: HAMMER, PAUL L
Address: 2139 EDLER DRIVE
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: JANESKO, THOMAS J
Address: 4829 GLENRIDGE TERR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: ADAMS, HELEN
Address: 2128 SE EDLER DR.
City-St-Zip: STUART, FL 34994

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: VYVYAN, PRIBULA
Address: 2102 EDLERD DR
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HARR, DAN2116
Address: 2116A EDLER DR.
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HAMMER

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date