

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725734

FILED  
Feb 19, 2011  
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: SD  
Name: MITSCH, KATHY  
Address: 2122 A EDLER DRIVE  
City-St-Zip: STUART, FL 34994

Title: TD  
Name: PIAZZA, BARBARA  
Address: 2127 EDLER DR  
City-St-Zip: STUART, FL 34994

Title: PTD  
Name: MC MAHON, MICHAEL C  
Address: 1557 SE POMERORY  
City-St-Zip: STUART, FL 34997

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

Title: D  
Name: HARR, DAN  
Address: 2116A EDLER DR.  
City-St-Zip: STUART, FL 34994

Title: D  
Name: HOGAN, MICHAEL  
Address: 2153 EDLER DRIVE  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J JANESKO

VD

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date