

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90088 026 ****61.25

UBR2003

DOCUMENT # 725734

1. Entity Name
KINGMAN ACRES CONDOMINIUM, INC.



Principal Place of Business Mailing Address
2245 LETHA COURT 2245 LETHA COURT
STUART FL 34994 STUART FL 34994

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HIGLEY, RALPH L
2111 EDLER DRIVE
STUART FL 34994

7. Name and Address of New Registered Agent
Name **HAMMER PAUL L.**
Street Address (P.O. Box Number is Not Acceptable)
2139 EDLER DRIVE
City **STUART, FL** 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 **PAUL L. HAMMER PD** *[Signature]* **1-9-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ALT, THOMAS R. | |
| STREET ADDRESS | 2154 EDLER DR | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HIGLEY, RALPH L. | |
| STREET ADDRESS | 2111 EDLER DR | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CATHLEEN, MITSCH | |
| STREET ADDRESS | 2122A EDLER DRIVE | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HAMMER, PAUL L. | |
| STREET ADDRESS | 2139 EDLER DRIVE | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VVYAN, PRIBULA | |
| STREET ADDRESS | 2102 ELDER DRIVR | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | O'CONNOR, THOMAS J | |
| STREET ADDRESS | 2106 EDLER DRIVE | |
| CITY-ST-ZIP | STUART FL 34994 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBIN Johnston | |
| STREET ADDRESS | 2100 EDLER DR | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMMER, PAUL L. | |
| STREET ADDRESS | 2139 EDLER DR | |
| CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COMMARATO, ATTILIO | |
| STREET ADDRESS | 2126 EDLER DR | |
| CITY-ST-ZIP | STUART FL 34994 | |

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: *[Signature]* **PAUL L. HAMMER** **1-9-03** **772-219-4176**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)