2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# 736119

Entity Name: KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC.

Current Principal Place of Business:

P.O. BOX 3213
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3213
STUART, FL 34995

New Mailing Address:

FEI Number: 59-1725715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, HAYDEE
2150 B SE LETHA COURT
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:	PD	( ) Delete
Name:	RAMOS, HAYDEE	
Address:	2150 B S.E. LETHA CT.	
City-St-Zip:	STUART, FL 34994	
Title:	V	( ) Delete
Name:	SMITH, MARY LOU	
Address:	2150 A SE LETHA COURT	
City-St-Zip:	STUART, FL 34994	
Title:	COSD	( ) Delete
Name:	DIAZ, APOLINAR	
Address:	2107 SE WAYNE ROAD	
City-St-Zip:	STUART, FL 34994	
Title:	D	( ) Delete
Name:	CHERVENY, JOAN	
Address:	2223 SE LETHA COURT	
City-St-Zip:	STUART, FL 34994	
Title:	TD	( ) Delete
Name:	MCGANNON, MARTIN C	
Address:	2150 B SE LETHA COURT	
City-St-Zip:	STUART, FL 34994	
Title:	COSD	( ) Delete
Name:	FARRIS, GERALDINE	
Address:	2119 SE WAYNE ROAD	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN MCGANNON TD 04/30/2006

Electronic Signature of Signing Officer or Director — Date