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

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90017 031 ****61.25

DOCUMENT # 736119

1. Entity Name

KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC.

Principal Place of Business	Mailing Address
2245 SE LETHA CT STUART FL 34994	P.O. BOX 3213 STUART FL 34995

1st MOORE CR2E037 (10/07)

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

4. FEI Number 59-1725715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARI, CHERYL
2156B SE LETHA CT
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERRARI, CHERYL 2156 B SE LETHA CT STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHERVENY, JOAN 2223 SE LETHA CT STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COSD DIAZ, APOLINAR 2107 SE WAYNE ROAD STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER APOLLO DIAZ 2107 SE WAYNE RD STUART, FL. 34994 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILLOINETON, PAUL S 2105 SE WAYNE RD STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELISSA HOLSMAN 2101 SE WAYNE RD. STUART, FL. 34994 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCGANNON, MARTIN C 2150 B SE LETHA COURT STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JON STEINBERG 2221 SE. Letha ct. STUART, FL. 34994 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COSD FARRIS, GERALDINE 2119 SE WAYNE ROAD STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Cheryl Ferrari 02/05/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #