

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738777

FILED
May 01, 2006
Secretary of State

Entity Name: KINGMAN ACRES CLUB, INC.

Current Principal Place of Business:

2245 SE LETHA CT
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2245 SE LETHA CT
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1797081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEONARD, ROBERT D
2160 SE LETHA CT
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: LEONARD, ROBERT D
Address: 2162 LETHA CT.
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: WOODS, PAULA
Address: 2123 SE WAYNE RD.
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: HAMMER, GAYLA
Address: 2139 EDLER DRIVE
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: LEONARD, CAROLYN
Address: 2160 LETHA CT.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: ALTAVESTA, JOE
Address: 2144 EDLER DRIVE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: O'CONNOR, TOM
Address: 2106 EDLER DRIVE
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
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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: LANCE GINN

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date