


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90063 025 \*\*\*\*61.25

<b>DOCUMENT # 738777</b> 1. Entity Name <b>KINGMAN ACRES CLUB, INC.</b>					
Principal Place of Business <b>2245 SE LETHA CT STUART, FL 34994</b>			Mailing Address <b>2245 SE LETHA CT STUART, FL 34994</b>		
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 <b>59-1797081</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEONARD, ROBERT D 2160 SE LETHA CT STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEONARD, ROBERT D 2162 LETHA CT. STUART, FL 34994 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WOODS, PAULA 2123 SE WAYNE RD. STUART, FL 34994 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D ROGER YOUNG 2143 EDLER DRIVE STUART FL 34994 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMMER, GAYLA 2139 EDLER DRIVE STUART, FL 34994 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEONARD, CAROLYN 2160 LETHA CT. STUART, FL 34994 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTAVESTA, JOE 2144 EDLER DRIVE STUART, FL 34994 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNOR, TOM 2106 EDLER DRIVE STUART, FL 34994 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D JOAN CHERVENY 2223 SE LETHA COURT STUART FL 34994 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Robert D. Leonard</i> <b>ROBERT D. LEONARD</b> <i>2/21/07</i> <b>772-283-5602</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40024104



02212007 Chg-NP CR2E037 (12/06)

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# ATTACHMENT

40024102  
~~#738777~~

## KINGMAN CLUBHOUSE BOARD OF DIRECTORS 2007

PRESIDENT;      ROBERT LEONARD      772-283-5602  
2160 LETHA COURT  
9587 CLERMONT BLVD. 614-764-1002  
POWELL, OH 43065

1

VICE-PRESIDENT:      ROGER YOUNG      772-419-5842  
2143 EDLER DRIVE  
83 HOBART C2      978-853-9201  
DANVERS, MA

2

TREASURER:      GAYLA HAMMER      772-219-4176  
2139 EDLER DRIVE  
3216 AMHERST      814-838-1451  
ERIE, PA

3

JOAN CHERVENY      772-781-2119  
2223 LETHA COURT

6

SECRETARY:      CAROLYN LEONARD      772-283-5602  
2160 LETHA COURT  
9387 CLERMONT BLVD. 614-764-1002  
POWELL, OH 43065

4

### MEMBERS-AT-LARGE:

JOE ALTAVESTA      772-221-1674  
2144 EDLER DRIVE  
44 WEBSTER STREET      781-935-9313  
WOBURN, MA

5

ROBERT VOLLRATH      772-219-4379  
2162 LETHA COURT  
STUART FL 34994

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