

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 738777

1. Entity Name
KINGMAN ACRES CLUB, INC.



Principal Place of Business

**2245 SE LETHA CT
STUART, FL 34994**

Mailing Address

**2245 SE LETHA CT
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE



02102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1797081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, ROBERT D
2160 SE LETHA CT
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000834371
02/28/08-80050-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEONARD, ROBERT D
STREET ADDRESS	2162 LETHA CT.
CITY-ST-ZIP	STUART, FL 34994
TITLE	VD
NAME	YOUNG, ROGER
STREET ADDRESS	2143 EDLER DRIVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	HAMMER, GAYLA
STREET ADDRESS	2139 EDLER DRIVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	SD
NAME	LEONARD, CAROLYN
STREET ADDRESS	2160 LETHA CT.
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	ALTAVESTA, JOE
STREET ADDRESS	2144 EDLER DRIVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	TD
NAME	CHERVENY, JOAN
STREET ADDRESS	2223 SE LETHA COURT
CITY-ST-ZIP	STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Robert D. Leonard ROBERT D. LEONARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

772-283-5602

Daytime Phone #