

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90061 040 \*\*\*\*61.25

**DOCUMENT # 765156**

1. Entity Name

KINGSTON ARMS ASSOCIATION, INC.



Principal Place of Business

500 S. WASHINGTON DR  
SARASOTA FL 34236  
US

Mailing Address

9031 TOWNE CENTER PRKWY  
BRADENTON FL 34202  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2477 STICKNEY POINT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 118A

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34231

USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2196599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADVANCED MGMT OF SW FLORIDA, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON FL 34202

Name ARGUS PROPERTY MANAGEMENT, INC

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

2477 STICKNEY POINT DR

SUITE 118A

City

SARASOTA

FL

Zip Code

34231

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

BRETT STOLSON, CAM

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/1/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE PD ☐ Delete  
NAME ALFIERO, GERRY  
STREET ADDRESS 7011 RIVER CLUB BLVD  
CITY-ST-ZIP BRADENTON FL 34202

TITLE DVP ☐ Delete  
NAME HARTNOCH, KARL  
STREET ADDRESS 500 S WASHINGTON DR 24B  
CITY-ST-ZIP SARASOTA FL 34236

TITLE DS ☐ Delete  
NAME HUNT, JOANN  
STREET ADDRESS 500 S WASHINGTON DR 26A  
CITY-ST-ZIP SARASOTA FL 34236

TITLE DT ☒ Delete  
NAME SALMON, DAN  
STREET ADDRESS 1100 23RD AVE  
CITY-ST-ZIP MOLINE IL 61265

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ICSE SCHMITT  
STREET ADDRESS 500 WASHINGTON DR 18B  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE TREASURER ☐ Change ☒ Addition  
NAME TED BELL JR  
STREET ADDRESS 500 S WASHINGTON DR 10A  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DIRECTOR ☐ Change ☐ Addition  
NAME TONY RANCO  
STREET ADDRESS 500 S WASHINGTON DR 23B  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME CARLA SALMONI  
STREET ADDRESS 1100 23RD AVE  
CITY-ST-ZIP MOLINE, IL 61265

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ICSE SCHMITT

2-14-2007

941-388-1506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #