

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765156

FILED
Feb 25, 2011
Secretary of State

Entity Name: KINGSTON ARMS ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY PT. RD
SUITE 118A
SARASOTA, FL 34231 US

New Principal Place of Business:

500 S WASHINGTON DR
SARASOTA, FL 34236 US

Current Mailing Address:

2477 STICKNEY PT. RD
SUITE 118A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-2196599 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT DR
SUITE 118A
SARASOTA, FL 34231 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: S
Name: MALOOF, DONNA
Address: 7929 BROADMOOR PL
City-St-Zip: SARASOTA, FL 34243

Title: D
Name: MAURITZEN, JIM
Address: 500 SOUTH WASHINGTON DR #8B
City-St-Zip: SARASOTA, FL 34236

Title: T
Name: MCDEVITT, CHRIS
Address: 541 BLUE JAY POINT
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: SALMON, DOUG
Address: 2733 E WISCONSON AVE
City-St-Zip: APPLETON, WI 54911

Title: VP
Name: BELL, TED JR
Address: 500 SOUTH WASHINGTON DR SUITE 10A
City-St-Zip: SARASOTA, FL 34236

Title: P
Name: DILLON, TOM
Address: 500 SOUTH WASHINGTON DR SUITE #4A
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: TOM DILLON

PRES

02/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date