

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10258

**Entity Name:** KIWANIS CLUB OF THE PLAYGROUND AREA, INC.

**Current Principal Place of Business:**

130 GAIL LA RUE  
FT WALTON BEACH, FL 32547

**Current Mailing Address:**

P. O. BOX 507  
SHALIMAR, FL 32579 US

**FEI Number:** 59-6569622

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARSTENS, BRIAN  
130 GAIL LA RUE  
FT WALTON BEACH, FL 32547 US

*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:** BRIAN CARSTENS

01/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           HORN, PAUL D  
Address        617 CAMBRIDGE AVE NE  
City-State-Zip: FT WALTON BEACH FL 32547-1839

Title           DIRECTOR  
Name           RIGGENBACH, ERIC  
Address        105 BEACH DR.  
                  SUITE A-1  
City-State-Zip: FT WALTON BEACH FL 32547

Title           DIRECTOR  
Name           GASPARIAN, RICHARD  
Address        P. O. BOX 448  
City-State-Zip: SHALIMAR FL 32579

Title           DIRECTOR  
Name           BURTON, BOB  
Address        360 BRIAN CIRCLE  
City-State-Zip: MARY ESTHER FL 32569

Title           PRESIDENT, DIRECTOR  
Name           STEWART, THOMAS  
Address        945-F ASHLEY LANE  
City-State-Zip: FT WALTON BEACH FL 32547

Title           DIRECTOR  
Name           BURTON, CAROL  
Address        360 BRIAN CIRCLE  
City-State-Zip: MARY ESTHER FL 32569

Title           SECRETARY  
Name           CARSTENS, BRIAN  
Address        130 GAIL LA RUE  
City-State-Zip: FT WALTON BEACH FL 32547

*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:** BRIAN CARSTENS

**SECRETARY**

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date