

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02881

**FILED
Jun 14, 2004
Secretary of State**

Entity Name: KANAPAHA FARMOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O NATALIE R. NORRIS
5917 SW 127 AVE
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

C/O NATALIE R. NORRIS
5917 SW 127 AVE
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-2864326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NORRIS, NATALIE R.
5917 SW 127 AVE
2000 KANAPAHA TRAIL
MICANOPY, FL 32667

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: PD () Delete
Name: JONES, PHELAN
Address: 6114 SW 127 AVENUE
City-St-Zip: MICANOPY, FL 32667

Title: VD () Delete
Name: TAGG, JOSEPH
Address: 6103 SW 127 AVE
City-St-Zip: MICANOPY, FL

Title: STD () Delete
Name: NORRIS, NATALIE R.,
Address: 5917 SW 127 AVE
City-St-Zip: MICANOPY, FL

Title: D () Delete
Name: IVEY, RENNARD
Address: 5802 SW 127 AVENUE
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TAGG, JOSEPH
Address: 6103 SW 127 AVE
City-St-Zip: MICANOPY, FL 32667

Title: STD (X) Change () Addition
Name: NORRIS, NATALIE R
Address: 5917 SW 127 AVE
City-St-Zip: MICANOPY, FL 32667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NATALIE R. NORRIS

STD

06/14/2004

Electronic Signature of Signing Officer or Director

_____ Date