

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 036 ****61.25

DOCUMENT # N02881 1. Entity Name KANAPAH FARMOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O NATALIE R. NORRIS 5917 SW 127 AVE MICANOPY FL 32667		Mailing Address C/O NATALIE R. NORRIS 5917 SW 127 AVE MICANOPY FL 32667	
2. Principal Place of Business C/O Christine Jones Suite, Apt. #, etc. 6114 SW 127th Ave City & State Micanopy, FL Zip 32667		3. Mailing Address C/O Christine Jones Suite, Apt. #, etc. 6114 SW 127th Ave City & State Micanopy, FL Zip 32667	
4. FEI Number 59-2864326		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, NATALIE R. 5917 SW 127 AVE 2000 KANAPAH TRAIL MICANOPY FL 32667		7. Name and Address of New Registered Agent Name Christine Jones Street Address (P.O. Box Number is Not Acceptable) 6114 SW 127th Ave City Micanopy FL Zip Code 32667	
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 <u>Christine J. Jones</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/27/05</u>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD JONES, PHELAN 6114 SW 127 AVENUE MICANOPY FL 32667	☐ Delete	
TITLE	VD TAGG, JOSEPH 6103 SW 127 AVE MICANOPY FL 32667	☒ Delete	
TITLE	STD NORRIS, NATALIE R 5917 SW 127 AVE MICANOPY FL 32667	☒ Delete	
TITLE	D IVEY, RENNARD 5802 SW 127 AVENUE MICANOPY FL 32667	☐ Delete	
TITLE	VD Rick Bishop 5813 SW 127th Ave micanopy FL 32667	☐ Delete	
TITLE	STD Christine Jones 6114 SW 127th Ave micanopy, FL 32667	☐ Delete	
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
TITLE		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Christine J. Jones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/27/05</u> Daytime Phone # <u>352-371-7421</u>	