

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02881

FILED
Jul 30, 2006
Secretary of State

Entity Name: KANAPAH FARMOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CHRISTINE JONES
6114 SW 127TH AVE
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

C/O CHRISTINE JONES
6114 SW 127TH AVE
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-2864326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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

Title: VD () Delete
Name: BISHOP, RICK
Address: 5813 SW 127TH AVE
City-St-Zip: MICANOPY, FL 32667

Title: STD () Delete
Name: JONES, CHRISTINE
Address: 6114 SW 127TH AVE
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: CHRISTINE J JONES

STD

07/30/2006

Electronic Signature of Signing Officer or Director

Date