

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02881

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Entity Name:** KANAPAHA FARMOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JIMMY ZARUBA  
5917 SW 127TH AVE  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JIMMY ZARUBA  
5917 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 ( )**

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

ZARUBA, JIMMY W  
5917 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  
Name: BISHOP, RICK  
Address: 4416 SW 84TH PL  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: STD  
Name: ZARUBA, JIMMY  
Address: 5917 SW 127TH AVE  
City-St-Zip: MICANOPY, FL 32667

Title: D  
Name: JONES, PHELAN  
Address: 6114 SW 127TH AVE  
City-St-Zip: MICANOPY, FL 32667

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: JIMMY ZARUBA

TREA

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date