

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010934

**Entity Name:** KAITLYN'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**7035191924CC**

**Current Principal Place of Business:**

25 WALTER MARTIN RD, N.E  
ATTN: PANHANDLE PROPERTY GROUP, INC 202  
FORT WALTON BEACH, FL 32549

**Current Mailing Address:**

P.O. BOX 2620  
FORT WALTON BEACH, FL 32549 US

**FEI Number:** 45-3910754

**Certificate of Status Desired:** No

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

PANHANDLE PROPERTY GROUP, INC  
25 WALTER MARTIN RD N.E  
202  
FORT WALTON BEACH, FL 32549 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:** JON MCLEOD

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AL, EVANS  
Address P.O. BOX 2620  
City-State-Zip: FORT WALTON BEACH FL 32549

Title DIRECTOR  
Name BOHANNON, BRITTANY  
Address P.O. BOX 2620  
City-State-Zip: FORT WALTON BEACH FL 32549

Title PRESIDENT  
Name WEAVER, TONY  
Address P.O. BOX 2620  
City-State-Zip: FORT WALTON BEACH FL 32549

Title TREASURER  
Name EVERHART, CHRISTY  
Address P.O. BOX 2620  
City-State-Zip: FORT WALTON BEACH FL 32549

Title VP  
Name ROUX, EMILY  
Address P.O. BOX 2620  
City-State-Zip: FORT WALTON BEACH FL 32549

*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:** TONY WEAVER

**PRESIDENT**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date