


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90065 015 ****61.25

DOCUMENT # N98000006512

1. Entity Name
 KENANSVILLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 1150 S CANOE CREEK RD
 KENANSVILLE, FL 34739

Mailing Address
 POST OFFICE BOX 41
 KENANSVILLE, FL 34739

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

01272007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3551864

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

WILLIAMS, BEVERLY
 100 4TH AVE PO BOX 247
 KENANSVILLE, FL 34739

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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: *Beverly Williams* DATE: 2/2/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, LINDA	
STREET ADDRESS	855 S. CANOE CREEK ROAD	
CITY-ST-ZIP	KENANSVILLE, FL 34739	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, BEVERLY	
STREET ADDRESS	100 4TH AVE	
CITY-ST-ZIP	KENANSVILLE, FL 34739	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHIS, ANN	
STREET ADDRESS	1465 GRANT BASS RD	
CITY-ST-ZIP	KENANSVILLE, FL 34739	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMOTHERS, BEULAH	
STREET ADDRESS	429 SPOONBILL CT	
CITY-ST-ZIP	KENANSVILLE, FL 34739	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC WHORTER, MYRA	
STREET ADDRESS	447 LAGOON CT	
CITY-ST-ZIP	KENANSVILLE, FL 34739	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENJAMIN, MARY D	
STREET ADDRESS	310 COULTER DR	
CITY-ST-ZIP	KENANSVILLE, FL 34739	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hancock, Linda	
STREET ADDRESS	855 S Canoe Creek Rd	
CITY-ST-ZIP	Kenansville, FL 34739	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Beverly	
STREET ADDRESS	100 4th St.	
CITY-ST-ZIP	Kenansville, FL 34739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mc Whorter, Myra	
STREET ADDRESS	447 Lagoon Ct	
CITY-ST-ZIP	Kenansville, FL 34739	
TITLE	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin, Mary	
STREET ADDRESS	310 Coulter Dr.	
CITY-ST-ZIP	Kenansville, FL 34739	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Beulah Smothers* DATE: 2/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR