

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90014 033 \*\*\*\*61.25

<b>DOCUMENT # N98000006512</b>					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3551864	
		Osceola		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
WILLIAMS, BEVERLY 100 4TH AVE PO BOX 247 KENANSVILLE, FL 34739				7. Name and Address of New Registered Agent	
				Name Myra McWhorter	
				Street Address (P.O. Box Number is Not Acceptable)	
				447 Lagoon Ct.	
				City Kenansville FL Zip Code 34739	
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: <i>Myra McWhorter (Pres.)</i>					
Signature typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	BM	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCOCK, LINDA		NAME	Jeanette Knapp	
STREET ADDRESS	855 S. CANOE CREEK ROAD		STREET ADDRESS	225 N. Myrtle	
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP	Kenansville Fl. 34739	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BEVERLY		NAME	Murray Harvey	
STREET ADDRESS	100 -4TH AVE		STREET ADDRESS	PO Box 112	
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP	Kenansville Fl. 34739	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, ANN		NAME		
STREET ADDRESS	1465 GRANT BASS RD		STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOTHERS, BEULAH		NAME		
STREET ADDRESS	429 SPOONBILL CT		STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP		
TITLE	SP P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC WHORTER, MYRA		NAME		
STREET ADDRESS	447 LAGOON CT		STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, MARY D		NAME		
STREET ADDRESS	310 COULTER DR		STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		CITY-ST-ZIP		
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: <i>Myra McWhorter (Pres.)</i> 2-14-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					