

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006512

FILED
Jan 05, 2011
Secretary of State

Entity Name: KENANSVILLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1180 S CANOE CREEK RD
KENANSVILLE, FL 34739

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 41
KENANSVILLE, FL 34739

New Mailing Address:

FEI Number: 59-3551864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWHORTER, MYRA MS
447 LAGOON CT.
KENANSVILLE, FL 34739 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: MCWHORTER, MYRA
Address: 447 LAGOON COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: HARVEY, MURRAY
Address: PO BOX 112
City-St-Zip: KENANSVILLE, FL 34739

Title: SD
Name: HEATH, CHARLES
Address: 240 4TH AVE
City-St-Zip: KENANSVILLE, FL 34739

Title: VPD
Name: VALLEY, LOIS
Address: 534 MINNOW CT
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: PALMER, DAVID
Address: 175 N. MYRTLE DR
City-St-Zip: KENANSVILLE, FL 34739

Title: TD
Name: VICKERS, FAY
Address: 705 VICKERS ROAD
City-St-Zip: KENANSVILLE, FL 34739

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: LOIS VALLEY

VP

01/05/2011

Electronic Signature of Signing Officer or Director

_____ Date