

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006512

**FILED**  
**Jan 12, 2014**  
**Secretary of State**  
**CC7182122091**

**Entity Name:** KENANSVILLE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1180 S CANOE CREEK RD  
KENANSVILLE, FL 34739

**Current Mailing Address:**

POST OFFICE BOX 41  
KENANSVILLE, FL 34739

**FEI Number:** 59-3551864

**Certificate of Status Desired:** No

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

VALLEY, LOIS MS  
534 MINNOW COURT  
KENANSVILLE, FL 34739 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name VICKERS, STEVE  
Address 900 FONTANA LANE  
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR  
Name VICKERS, FAY  
Address 705 VICKERS ROAD  
City-State-Zip: KENANSVILLE FL 34739

Title SD  
Name BARFIELD, PATRICIA  
Address 570 LAKESIDE BLVD  
City-State-Zip: KENANSVILLE FL 34739

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

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

Title DIRECTOR  
Name BIRD, JANELL  
Address 545 HORIZON DRIVE  
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR  
Name VICKERS, STONEY  
Address 705 VICKERS ROAD  
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR  
Name WILSON, BARBARA  
Address 635 BREEZEWAY  
City-State-Zip: KENANSVILLE FL 34739

**Continues on page 2**

*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 W. VALLEY

**TREASURER**

**01/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            SEYMOUR, JUDY

Address         255 N. OAK

City-State-Zip: KENANSVILLE FL 34739