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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90136 044 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000006512

1. Corporation Name
KENANSVILLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business
**1180 SOUTH CANOE CREEK ROAD
 KENANSVILLE FL 34739**

Mailing Address
**POST OFFICE BOX 41
 KENANSVILLE FL 34739**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1150 South Canoe Creek Rd	26		11/12/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3551864	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
KENANSVILLE, FL				\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
34739				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIDGEWAY, ROBERT E 400 SOUTH CANOE CREEK ROAD KENANSVILLE FL 34739				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Ridgeway* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. RIDGEWAY		1.2 NAME		
STREET ADDRESS	400 South Canoe Creek Rd.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		1.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed. GRANT		2.2 NAME		
STREET ADDRESS	542 HORIZON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP		3.2 NAME		
STREET ADDRESS	225 MYRTLE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE FL 34739		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIANE HARVEY		4.2 NAME		
STREET ADDRESS	505 HARVEY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS MCKENNEY		5.2 NAME		
STREET ADDRESS	420 WESTFALL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE GRANT		6.2 NAME		
STREET ADDRESS	542 HORIZON DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 34739		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Ridgeway* Robert Ridgeway 4/19/99 407-436-1087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0081384

CR2E037-(11)98

N98000006512

401183-90136-4

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STEVE HARVEY
505 HARVEY Rd
KENANSVILLE, FL 34739.

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LATHY HARVEY
205 SOUTH Post OFFICE ROAD
KENANSVILLE, FL 34739

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JAKE BAKER
365 NORTH MYRTLE DRIVE
KENANSVILLE, FL 34739