

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006512

FILED
Jan 26, 2016
Secretary of State
CC9517279552

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:

HEATH, JUDY
240 4TH AVE.
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: JUDY HEATH

01/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SD
Name LUX, LYNN
Address 1450 LAKE MARIAN RD.
City-State-Zip: KENANSVILLE FL 34739

Title TD
Name HEATH, JUDY
Address 240 4TH AVE.
City-State-Zip: KENANSVILLE FL 34739

Title VPD
Name VICKERS, STONEY
Address 705 VICKERS ROAD
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, STEVE
Address 900 FONTANA LANE
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR
Name HARVEY, MURRAY
Address P.O. BOX 112
City-State-Zip: KENANSVILLE FL 34739

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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: JUDY HEATH

TD

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARVEY, SHELLEY
Address 187 NORTH BOW ST,
City-State-Zip: KENANSVILLE FL 34739