

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000006512

**FILED**  
**Oct 27, 2021**  
**Secretary of State**  
**2875863190CR**

**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:** Yes

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

KUNKLE, RANDILEE  
1180 S. CANOE CREEK RD.  
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:** RANDILEE KUNKLE

10/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
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            TREASURER  
Name            KUNKLE, RANDILEE  
Address        1180 S. CANOE CREEK RD.  
City-State-Zip: KENANSVILLE FL 34739

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

Title            DIRECTOR  
Name            BROWN, RICK  
Address        1370 LAKE MARIAN RD.  
City-State-Zip: KENANSVILLE FL 34739

Title            DIRECTOR  
Name            BEAM, RONNIE  
Address        795 HARVEY RD  
City-State-Zip: KENANSVILLE FL 34739

Title            SECRETARY  
Name            BASS, CHRISTY  
Address        1180 S. CANOE CREEK RD.  
City-State-Zip: KENANSVILLE FL 34739

Title            DIRECTOR  
Name            HEATH, JUDY  
Address        240 4TH AVENUE  
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:** DAVID PALMER

PRESIDENT

10/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CRAWFORD, VENITA  
Address        565 S. CANOE CREEK RD.  
City-State-Zip: KENANSVILLE FL 34739