

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006512

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:

NEWHART, BROOKE
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: BROOKE NEWHART

01/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VICKERS, STONEY
Address POST OFFICE BOX 41
City-State-Zip: KENANSVILLE FL 34739

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

Title TREASURER
Name NEWHART, BROOKE
Address POST OFFICE BOX 41
City-State-Zip: KENANSVILLE FL 34739

Title VP
Name CRAWFORD, VENITA
Address POST OFFICE BOX 41
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR
Name RYON, CHOICE
Address POST OFFICE BOX 41
City-State-Zip: KENANSVILLE FL 34739

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

Title SECRETARY
Name VICKERS, JENNIFER
Address 1465 N. KENANSVILLE RD
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR
Name COLLINS, WALTER T
Address POST OFFICE BOX 41
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: BROOKE NEWHART

TREASURER

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name HARVEY, MURRAY

Address POST OFFICE BOX 41

City-State-Zip: KENANSVILLE FL 34739