

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90053 050 ****61.25

DOCUMENT # N98000006512

1. Entity Name

KENANSVILLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1150 S CANOE CREEK RD
 KENANSVILLE FL 34739

POST OFFICE BOX 41
 KENANSVILLE FL 34739-0041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDGEWAY, ROBERT E
400 SOUTH CANOE CREEK ROAD
KENANSVILLE FL 34739

Name ~~LEE J. HILL~~

Street Address (P.O. Box Number is Not Acceptable)

420 HORNSBY LN

City **KENANSVILLE**

FL

Zip Code **34739**

8. 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

Lee J Hill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RIDGEWAY, ROBERT E	
STREET ADDRESS	400 S CANOE CREEK RD	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRANT, ED	
STREET ADDRESS	542 HORIZON DR	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KNAPP	
STREET ADDRESS	225 MYRTLE DR	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, LILLIANE	
STREET ADDRESS	505 HARVEY RD	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENNEY, THOMAS	
STREET ADDRESS	420 WESTFALL DR	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, JULIE	
STREET ADDRESS	542 HORIZON DR	
CITY-ST-ZIP	KENANSVILLE FL 34739	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee J. Hill	
STREET ADDRESS	420 Hornsby Ln.	
CITY-ST-ZIP	Kenansville, FL. 34739	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY WILLIAMS	
STREET ADDRESS	100 4TH AV.	
CITY-ST-ZIP	KENANSVILLE, FL. 34739	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA CASSELMAN	
STREET ADDRESS	221 2ND AV.	
CITY-ST-ZIP	KENANSVILLE, FL. 34739	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMA STUMP	
STREET ADDRESS	60 ARNOLD RD.	
CITY-ST-ZIP	KENANSVILLE, FL. 34739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL DENKER	
STREET ADDRESS	1225 GRANT BASS RD.	
CITY-ST-ZIP	KENANSVILLE, FL 34739	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lee J Hill **SIGNATURE REQUIRED** *LEE J HILL*

Date

2/11/00

Daytime Phone #

409-426-1257

CR2E037 (9/99)