## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # N9800006512 KENANSVILLE COMMUNITY ASSOCIATION, INC. 01-23-2002 90031 029 \*\*\*\*61.25 Mailing Address Principal Place of Business POST OFFICE BOX 41 1150 S CANOE CREEK RD KENANSVILLE FL 34739 KENANSVILLE FL 34739 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3551864 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILL, LEE J 420 HORNSBY LN **KENANSVILLE FL 34739** 8. The above r entity submits this atement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) Change Addition **X** Delete TITI F TITLE tartin NAME RIDGEWAY, ROBERT NAME STREET ADDRESS STREET ADDRESS 400 S CANDE CREEK RD CITY-ST-ZIP CITY-ST-ZIP KENANSVILLE FL 34739 Change Addition TITLE ☐ Delete TITLE NAME WILLIAMS, BEVERLY NAME STREET ADDRESS 100 -47TH AVE STREET ADDRESS FL 34139 CITY-ST-ZIE CITY-ST-ZIP KENANSVILLE FL 34739 TITLE Delete CHESNEY, BARBARA NAME NAME STREET ADDRESS 120 5TH AVENUE STREET ADDRESS CITY-ST-ZIP KENANSVILLE FL 34739 CITY-ST-ZIP ☐ Delete BAKER, ROLAND NAME NAME STREET ADDRESS 365 N MYRTLE DRIVE STREET ADDRESS KENANSVINE CITY-ST-ZIP **KENANSVILLE FL 34739** CITY-ST-ZIP HAIRMAN OF BOI TITLE TITLE 💢 Delete BICHARD FIFER MCKENNEY, THOMAS NAME NAME STREET ADDRESS **420 WESTFALL DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KENANSVILLE FL 34739** D TITLE TITLE Delete DENKER, AL NAME NAME STREET ADDRESS 1225 GRANT BASS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KENANSVILLE FL 34739** 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 attachine twith an address with all other like empowered.

FILED