


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

02-25-2004 90064 023 ****60.00
 04-12-2004 90311 030 ****1.25

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DOCUMENT # N98000006512			
1. Entity Name KENANSVILLE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 1150 S CANOE CREEK RD KENANSVILLE, FL 34739		Mailing Address POST OFFICE BOX 41 KENANSVILLE, FL 34739	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, BEVERLY 100 4TH AVE PO BOX 247 KENANSVILLE, FL 34739		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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. I am familiar with, and accept the obligation of registered agent.			
SIGNATURE <i>Beverly Williams</i>		DATE <i>2/21/04</i>	
Filing Fee is <u>\$81.25</u> Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUMP, ROMA 60 ARNOLD RD KENANSVILLE, FL 34739 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marlene Pitts Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 446 Spoonbill Ct Kenansville Fl. 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BEVERLY 100 47TH AVE KENANSVILLE, FL 34739 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beverly Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director of the Board 100 4th St. Kenansville Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTATE, LIBBY 190 COULTER DR KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Handcock <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 855 Canoe Creek Rd. V.P. Kenansville, Fl. 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTHERS, BEULADH 429 SPOONBILL CT KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC WHORTER, MYRA 447 LAGOON CT KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, LEE PO BOX 99 KENANSVILLE, FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Beverly Williams</i>		DATE <i>2/21/04</i> DAYTIME PHONE # <i>772-770-6719</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	