


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 033 ****61.25

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

90000000



01032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
 1150 S Canoe Creek
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 41
 Suite, Apt. #, etc.

City & State
 Kenansville FL

City & State
 Kenansville FL

4. FEI Number
 59-3551864

Applied For
 Not Applicable

Zip
 34739

Country
 Osceola

Zip
 34739

Country
 Osceola

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BEVERLY
 100 4TH AVE PO BOX 247
 KENANSVILLE, FL 34739

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Beulah Smothers Treas. 1-10-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCOCK, LINDA 855 S. CANOE CREEK ROAD KENANSVILLE, FL 34739	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, BEVERLY 100-4TH AVE KENANSVILLE, FL 34739	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTATE, LIBBY 190 COULTER DR KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOTHERS, BEULAH 429 SPOONBILL CT KENANSVILLE, FL 34739	<input type="checkbox"/> Delete
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	VP KNAPP, JEANETTE 225 MYRTLE STREET KENANSVILLE, FL 34739	<input checked="" 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	BEVERLY Williams, VP 100 - 4th AVENUE KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Mathis 1405 Grant Bass Rd Kenansville, FL 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smothers, Beulah T 429 Spoonbill Ct. KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benjamin, Mary D 310 Coulter Dr. Kenansville, FL 34739	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Beulah Smothers Treas. 1/10/06 407-436-1921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #