

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90010 042 ****61.25

DOCUMENT # NO1000008584

1. Entity Name
KENDALL GREEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address
230 NW 18TH STREET **230 NW 18TH STREET**
POMPANO BEACH FL 33060 **POMPANO BEACH FL 33060**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LACY, COLLEN Colleen
230 NW 18TH STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent
 Name **LACY, COLLEN**
 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.

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

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

TITLE NAME	PD LACY, COLLEN	<input type="checkbox"/> Delete
STREET ADDRESS	230 NW 18TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	VD MOHORN, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS	2060 NE 2ND AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	TD GRAHAM, EDDY M	<input type="checkbox"/> Delete
STREET ADDRESS	101 NE 19TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Lacy, Colleen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	230 N.W. 18th St.	spelling
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Eddy M Graham 2/14/02 954) 783-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)