

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008584

1. Entity Name
KENDALL GREEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
230 NW 18TH STREET
POMPANO BEACH, FL 33060

Mailing Address
230 NW 18TH STREET
POMPANO BEACH, FL 33060



03182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
03-0412438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLEEN, LACY
230 NW 18TH STREET
POMPANO BEACH, FL 33060

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IN THIS SPACE**

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

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, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLLEEN, LACY
STREET ADDRESS 230 NW 18TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE VD
NAME MOHORN, LEWIS
STREET ADDRESS 2060 NE 2ND AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE TD
NAME GRAHAM, EDDY M
STREET ADDRESS 101 NE 19TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE S
NAME JORDAN, THERESA
STREET ADDRESS 2000 NW 1ST AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE M
NAME MCRAY, JOHN
STREET ADDRESS 1711 NW 1ST WAY
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Theresa Jordan Theresa Jordan
Secretary

3/18/05 954-762-3366