


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90064 005 ****61.25

DOCUMENT # N02000003223

1. Entity Name
KERNAN FOREST MASTER ASSOCIATION, INC.



Principal Place of Business
5455 A1A SOUTH SAINT AUGUSTINE, FL 32080

Mailing Address
5455 A1A SOUTH SAINT AUGUSTINE, FL 32080

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40024116



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-2379365

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 P NAME COCHRAN, MICHAEL STREET ADDRESS 12639 KEENAN FOREST BLVE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE PRES NAME VAN DER LEEST, KEITH STREET ADDRESS 1729 HIDDEN FOREST LN CITY-ST-ZIP JACKSONVILLE FL 32201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME GHANNAN, DIANA STREET ADDRESS 1651 TIMBER CROSSING LANE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE VP NAME MOTSINGER, ANDREW STREET ADDRESS 1706 HIDDEN FOREST LN - CITY-ST-ZIP JACKSONVILLE FL 32201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE R NAME JONES, HAROLD STREET ADDRESS 1681 HIDDEN FOREST LANE CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE TREAS. NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE SEC NAME COZZO, PATRICK STREET ADDRESS 1035 FOREST CREEK DR CITY-ST-ZIP JACKSONVILLE FL 32201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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, in all other like empowered.

SIGNATURE: *[Signature]* **2/22/07** **904/646-2858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #