

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003223

FILED
Mar 25, 2009
Secretary of State

Entity Name: KERNAN FOREST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

12627 SAN JOSE BLVD
SUITE 501
JACKSONVILLE, FL 32223

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 52-2379365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANDERLEEST, KEITH
Address: 1729 HIDDEN FOREST LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: MOTSINGER, ANDREW
Address: 1706 HIDDEN FOREST LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: JONES, HAROLD
Address: 1681 HIDDEN FOREST LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: COURSON, PATRICK
Address: 1635 FOREST CREEK DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VANDERLEEST, KEITH
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: MOHR, TOM
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: COOK, ROBERT
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: WARDEN, CHARLES
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH VANDERLEEST

P

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date