


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003867 1. Entity Name KENWOOD HOMEOWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 8225 SW 39TH PLACE GAINESVILLE FL 32608 US	Mailing Address 8225 SW 39TH PLACE GAINESVILLE FL 32608 US
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 81-0679084	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARLSON, EARL C RA 8225 SW 39TH PLACE GAINESVILLE FL 32608	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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLSON, EARL C P	NAME		NAME			
STREET ADDRESS	8225 SW 39TH PLACE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP		CITY-ST-ZIP			
NAME	D <input type="checkbox"/> Delete	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIEL, BRIAN VP	NAME		NAME			
STREET ADDRESS	8225 SW 39TH PLACE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP		CITY-ST-ZIP			
NAME	D <input type="checkbox"/> Delete	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWARTZ, JAN S	NAME		NAME			
STREET ADDRESS	8225 SW 39TH PLACE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP		CITY-ST-ZIP			
NAME	D <input type="checkbox"/> Delete	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUSTIN, CAROLL D	NAME		NAME			
STREET ADDRESS	8225 SW 39TH PLACE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP		CITY-ST-ZIP			
NAME	D <input type="checkbox"/> Delete	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, RICK D	NAME		NAME			
STREET ADDRESS	8225 SW 39TH PLACE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608	CITY-ST-ZIP		CITY-ST-ZIP			
NAME	<input type="checkbox"/> Delete	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *E. Carlson* Jan 23rd 2006