


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000073962  
 1. Entity Name  
 KERALA COUNTRY CLUB, INC.



Principal Place of Business  
 6953 NW 19TH STREET  
 MARGATE, FL 33063

Mailing Address  
 6953 NW 19TH STREET  
 MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 06-1702226  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 KUNCHANDY, GEORGE  
 6953 NW 19TH STREET  
 MARGATE, FL 33063

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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: George Kunchandy President. 2/15/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | KUNCHANDY, GEORGE   |
| STREET ADDRESS | 6953 NW 19TH STREET |
| CITY-ST-ZIP    | MARGATE, FL 33063   |
| TITLE          | VP                  |
| NAME           | KUNCHANDY, GEORGE   |
| STREET ADDRESS | 6953 NW 19TH STREET |
| CITY-ST-ZIP    | MARGATE, FL 33063   |
| TITLE          | SEC                 |
| NAME           | KUNCHANDY, GEORGE   |
| STREET ADDRESS | 6953 NW 19TH STREET |
| CITY-ST-ZIP    | MARGATE, FL 33063   |
| TITLE          | TRES                |
| NAME           | KUNCHANDY, GEORGE   |
| STREET ADDRESS | 6953 NW 19TH STREET |
| CITY-ST-ZIP    | MARGATE, FL 33063   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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 02/19/05-80022-015 155.00

**DO NOT WRITE 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 607, 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: George Kunchandy GEORGE KUNCHANDY 2/15/05 (954) 979-2640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #