FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

742866

KIRKWOOD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address										HIII bab ah b abah i	#1811 B/B/I B/	DIL BIJTIL KARA	
C/O TOUCHSTONE WEBB MANAGEMENT 5710 S. DIXIE HIGHWAY, SUITE A WEST PALM BEACH FL 33405				C/O TOUCHSTONE WEBB MANAGEMENT 5710 S. DIXIE HIGHWAY, SUITE A WEST PALM BEACH FL 33405-3699				ļ					
									3. Date Incorporated or Qualified 05/11/1978	3a. Date	of Last R 2/14/19	eport 96	
2. Principal Pi	lace of Busin	IOSS	28.	2a. Mailing Address					4. FEI Number	.d	Ar	oplied For	
21			26						59-1968305	- -		ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State				City & State					6. Election Campaign Financing	_	\$5.00		
Zip		Country	28	Zip Country					Trust Fund Contribution		Added t		
_ `	Country 25			29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
24 25 9. Name and Address of Curren								L	10. Name and Address of New Registered Agent				
						81	Name						
WEBB-SALATA, KATHLEEN						82	Street	Addres	ss (P.O. Box Number is Not Acceptab	le)			
% TOUCHSTONE WEBB MANAGEMENT 5710 S. DIXIE HIGHWAY, SUITE A							<u></u>						
		H FL 33405				83						l	
						84	City			FL		Code	
11. Pursuant I office or re agent, I as	to the provisi egistered ag m familiar wi	ons of Sections 617.0 ent or both, in the Str th and accept the ob	502 and 61 ate of Florid ligations of	7.1508, Florida Statula. Such obange war Section 617.0503	utes, the a s authorize Florida, 8 ta	bove d by tuter	∋-named / the corp s.	corpor poration	ration submits this statement for the pin's board of directors. I hereby acception	urpose of c at the appoi	hanging it ntment as	s registered registered	
SIGNATURE		arross	2	all	uKo		_		3/26/	19)			
	or printed name of registered a				od Age	int signature	e required	when reinstating)	DATE	SIDEOTOE	NO 161 19		
12.	PD	OFFICERS A	MD DIMEC	DELETE	13. 1.1 T	HILE		T	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME		DE, ROBERT			1.2 N		I	1		-			
STREET ADDRESS		RK ROAD					ADDRESS						
CITY-ST-ZIP		ORTH FL					31 - ZIP						
TITLE	VP			☐ DÉLETE	2.1 To			_			Change	Addition	
NAME		I, PEARL			2.2 N	IAME							
STREET ADDRESS		RK ROAD		2.3 \$			ADDRESS	}					
CITY-ST-ZIP		ALM BEACH FL 334	461		2.4(CITY-S	ST-ZIP	<u> </u>					
TITLE	- \$/T -	-4-		DELETE	3.1 T			5.1	D.	Y.	Change	Addition	
NAME	LUHR, LI				3.2 N			(
STREET ADDRESS	2960 KIK		444		335	TREET	ADDRESS						
CITY-ST-ZIP		ALM BEACH FL 334	461	Doctor			ST-ZIP	ļ <u> </u>		_	7 01	T A water	
TITLE	-B-	THÁLLA		☐ DELETE	4.1 7			7.7	٥.	1	Change	Addition	
NAME		THOMAS				NAME							
STREET ADDRESS		RK ROAD					ADDRESS						
CITY-ST-ZIP	LANE III	ORTH FL		DELETE		ITY S	1-ZIP	┼—			Change	Addition	
TITLE				L otten	5.1 T					ب	-1 Outsinge	T Vocation	
NAME expect annucce					5.2 N		ADDOLOG						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	5.4 C 6.1 T		ST-ZIP	┼──			Change	Addition	
NAME					6.2 N								
STREET ADDRESS							ADDRESS					1	
CITY OF THE						יייייייייייייייייייייייייייייייייייייי							

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 25 1997 8:00am

Secretary of State

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