

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90049 049 ****61.25

DOCUMENT # 736826

1. Entity Name

KANAPAH MAINTENANCE, INC.



Principal Place of Business

5745 SW 75TH ST
PMB 126
GAINESVILLE FL 32608

Mailing Address

5745 SW 75TH ST
PMB 126
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1729409

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

REGAN, ED
10003 SW 67 DR
GAINESVILLE FL 32608

Name **ROBERT S. TOLMACH**

Street Address (P.O. Box Number is Not Acceptable)

10011 SW 67 DRIVE

City

GAINESVILLE

FL

Zip Code

32608

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE **DT** ☐ Delete
NAME **HECKER, EMIL**
STREET ADDRESS **10118 S.W. 67TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DS** ☒ Delete
NAME **SOUTHWORTH, SHERRIE**
STREET ADDRESS **6715 SW 100 LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **BM** ☐ Delete
NAME **DUFFER, DEBRA**
STREET ADDRESS **10122 SW 67 DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **BM** ☐ Delete
NAME **FREDERICK, MARY ANN**
STREET ADDRESS **9703 SW 67 DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DP** ☒ Delete
NAME **REGAN, ED**
STREET ADDRESS **10003 SW 67TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DVP** ☐ Delete
NAME **LECHOWICH, RICHARD**
STREET ADDRESS **7108 SW 97 LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BM** ☐ Change ☒ Addition
NAME **MARION HOLDER**
STREET ADDRESS **6724 SW 93 AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition
NAME **ROBERT S. TOLMACH**
STREET ADDRESS **10011 SW 67 DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Emil J Hecker

EMIL J HECKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04 352 375-4081

Day

Daytime Phone #