

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720377

**Entity Name:** KENILWOOD TOWNHOUSE ASSOCIATION, INC.**Current Principal Place of Business:**2949 SHAMROCK STREET NORTH  
TALLAHASSEE, FL 32309**Current Mailing Address:**2910 KERRY FOREST PARKWAY, SUITE D-187  
TALLAHASSEE, FL 32309 US**FEI Number:** 59-1374911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOGEN LAW GROUP, P.A.  
200 SOUTH ANDREWS AVE  
SUITE 604  
FT. LAUDERDALE, FL 33301 US*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:** JIM GOWEN

02/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VDP
Name	FIORE, DANO
Address	2949 SHAMROCK STREET NORTH
City-State-Zip:	TALLAHASSEE FL 32309

Title	PD
Name	GOWEN, JIM
Address	2949 SHAMROCK STREET NORTH
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	PRIDGEON, BEN
Address	2949 SHAMROCK STREET NORTH
City-State-Zip:	TALLAHASSEE FL 32309

Title	SEC/TRES/DIREC
Name	BLOMBERG, JEANINE
Address	2949 SHAMROCK STREET NORTH
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	OLSON, HANDLEY A. III
Address	2910 KERRY FOREST PARKWAY, SUITE D4-187
City-State-Zip:	TALLAHASSEE FL 32309

I hereby 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 all other like empowered.

**SIGNATURE:** JIM GOWEN**PRESIDENT**

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date