

**2020 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 D4-187  
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

02/06/2020

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

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date