

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003223

**Entity Name:** KERNAN FOREST MASTER ASSOCIATION, INC.

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**3119733218CC**

**Current Principal Place of Business:**

100 STATE RD 13 N  
SUITE - A  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

100 STATE RD 13 N  
SUITE - A  
SAINT JOHNS, FL 32259 US

**FEI Number: 52-2379365**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROWAND, TOM  
100 STATE RD 13 N  
SUITE - A  
SAINT JOHNS, FL 32259 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: TOM ROWAND**

**04/23/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name COOK, ROBERT  
Address 100 STATE RD 13 N  
SUITE - A  
City-State-Zip: SAINT JOHNS FL 32259

Title VP  
Name BILELLO, JOHN  
Address 100 STATE RD 13 N  
SUITE - A  
City-State-Zip: SAINT JOHNS FL 32259

Title PRESIDENT  
Name YANCEY, MARSHALL  
Address 100 STATE RD 13 N  
SUITE - A  
City-State-Zip: SAINT JOHNS FL 32259

Title DIRECTOR  
Name ABLE, BRAD  
Address 100 STATE RD 13 N  
SUITE - A  
City-State-Zip: SAINT JOHNS FL 32259

Title DIRECTOR  
Name DARABUT, SORIN  
Address 100 STATE RD 13 N  
SUITE - A  
City-State-Zip: SAINT JOHNS FL 32259

Title MANAGER  
Name ROWAND, TOM  
Address 100 STATE RD 13 N  
SUITE - A  
City-State-Zip: SAINT JOHNS FL 32259

*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: TOM ROWAND**

**MANAGEMENT**

**04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date