

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009698

**Entity Name:** KENMURE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1942 W. COUNTY ROAD 419, SUITE 1030  
OVIDO, FL 32766**Current Mailing Address:**1942 W. COUNTY ROAD 419, SUITE 1030  
OVIDO, FL 32766 US**FEI Number:** 20-1068092**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. COUNTY ROAD 419, SUITE 1030  
OVIDO, FL 32766 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:** KEVIN M DAVIS

03/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	JOHNSON, ROBERT
Address	1942 W. COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	TREASURER
Name	CHUCHLA, TED
Address	1942 W. COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	SECRETARY
Name	CHUCHLA, DONNA
Address	1942 W. COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

Title	VP
Name	HOLDEN, CHAD
Address	1942 W. COUNTY ROAD 419, SUITE 1030
City-State-Zip:	OVIDO FL 32766

*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:** ROBERT JOHNSON

PRESIDENT

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date