

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003284

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**2684503569CC**

**Entity Name:** TOWNHOMES OF KENDALL POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216 US

**FEI Number: 20-2653844**

**Certificate of Status Desired: No**

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

MCCABE|RONSMAN  
110 SOLANA ROAD  
SUITE 102  
PONTE VEDRA BEACH, FL 32082 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: ED RONSMAN, ESQ.**

**01/28/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAILEY, JAMIE  
Address        6620 SOUTHPOINT DRIVE SOUTH  
                  SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title            TREASURER  
Name            INGRAM, SHANNON  
Address        6620 SOUTHPOINT DRIVE SOUTH  
                  SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title            SECRETARY  
Name            HURLEY, PARIS  
Address        6620 SOUTHPOINT DRIVE SOUTH  
                  SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            CAVALLARI, CARLA  
Address        6620 SOUTHPOINTE DRIVE SOUTH  
                  SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            HUSSEIN , FAISA  
Address        6620 SOUTHPOINTE DRIVE SOUTH  
                  SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

*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: JAMIE BAILEY**

**PRESIDENT**

**01/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date