

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003284

**Entity Name:** TOWNHOMES OF KENDALL POINTE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC4122338312****Current Principal Place of Business:**6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32224**Current Mailing Address:**6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32224 US**FEI Number: 20-2653844****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WASSERSTEIN, DANIEL  
6501 CONGRESS AVE.,  
SUITE 100  
BOCA RATON, FL 33487 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: DANIEL WASSERSTEIN****01/08/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	QUITTER, MATT
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER
Name	KUWANANH, PAYNE
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610
City-State-Zip:	JACKSONVILLE FL 32224

Title	TRUSTEE
Name	MOORE, DOMINICA
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610
City-State-Zip:	JACKSONVILLE FL 32224

Title	TRUSTEE
Name	DANTZLER, MARYANNE
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610
City-State-Zip:	JACKSONVILLE FL 32224

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: MATT QUITTER****PRESIDENT****01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date