

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708094 (8)

1. Corporation Name

KEENE PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% JUANITA N. ABSTON
3457 KEENE PARK DRIVE
LARGO FL 34641-1347
US

% JUANITA N. ABSTON
3457 KEENE PARK DRIVE
LARGO FL 34641-1347
US

3. Date Incorporated or Qualified
11/10/1964

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 % **FRANK MCKINNON**

26 % **FRANK MCKINNON**

4. FEI Number
23-7085583

Applied For
Not Applicable

22 Suite, Apt. #, etc.
499 LAKE HILL LN

27 Suite, Apt. #, etc.
499 LAKE HILL LN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
LARGO FL

28 City & State
LARGO FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
34641

Country
US

29 Zip
34641

30 Country
US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABSTON, JUANITA N
3457 KEENE PARK DRIVE
LARGO FL 34641-1347**

81 Name **FRANK MCKINNON**
82 Street Address (P.O. Box Number is Not Acceptable)
499 LAKE HILL LN
83
84 City **LARGO** FL 85 Zip Code **34641**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Frank McKinnon

(NOTE: Registered Agent signature required when reinstating)

4/15/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNON, FRANK	
STREET ADDRESS	499 LAKE HILL LN	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, BARNEY	
STREET ADDRESS	552 SEACREST DR	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MITTEN, VIRGINIA	
STREET ADDRESS	3016 BROOKFIELD DR	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ABSTON, JUANITA N	
STREET ADDRESS	3457 KEENE PARK DR	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM MATHIS	
1.3 STREET ADDRESS	545 SEACREST DR	
1.4 CITY-ST-ZIP	LARGO FL 34641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOMINIC CALONITA	
2.3 STREET ADDRESS	3366 KEENE PARK DR	
2.4 CITY-ST-ZIP	LARGO FL 34641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MYRTLE S. WILKINS	
3.3 STREET ADDRESS	3465 KEENE PARK DR	
3.4 CITY-ST-ZIP	LARGO FL 34641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANK MCKINNON	
4.3 STREET ADDRESS	499 LAKE HILL LN	
4.4 CITY-ST-ZIP	LARGO FL 34641	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank McKinnon* **FRANK MCKINNON**

4/15/96
Date

813 525-2663
Daytime Phone #

CR2E037 (12/95)