



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90121 043 ****61.25

DOCUMENT # 708470 1. Entity Name KENWOOD GARDENS APARTMENTS, INC.					
Principal Place of Business 7850 ULMERTON RD. SUITE 1 SAINT PETERSBURG, FL 33711			Mailing Address 7850 ULMERTON RD. SUITE 1 SAINT PETERSBURG, FL 33711		
2. Principal Place of Business 11350-66th St N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas		3. Mailing Address 11350-66th St N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas		50029508 	
4. FEI Number 59-1272691				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MANAGEMENT, INC 7850 ULMERTON, RD STE 1 LARGO, FL 34630			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11350-66th St N Suite 124 City Largo FL Zip Code 33773		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP COLON, RAQUEL 1257 DREW ST., #11 CLEARWATER, FL 33755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHLIN, HAROLD 1257 DREW STREET, #1 CLEARWATER, FL 33755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD COBB, AMY 1257 DREW ST. #7 CLEARWATER, FL 33755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENO, AGNES 500 N OSCEOLA AVE #305 CLEARWATER, FL 33755 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Fitzpatrick 1257 Drew St #12 Clearwater, FL 33755 <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>X Harold Bohlin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/25/05</u> Daytime Phone # <u>727 446-1984</u>		