

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90441 036 ****61.25

DOCUMENT # 720377

1. Entity Name
KENILWOOD TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
**3007 SHAMROCK NORTH
TALLAHASSEE, FL 32309**

Mailing Address
**3007 SHAMROCK NORTH
TALLAHASSEE, FL 32309**

60031139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-1374911

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE HAAN, PETER
3007 SHAMROCK NORTH #24
TALLAHASSEE, FL 32309**

Name **PRICE, BRENDA**

Street Address (P.O. Box Number is Not Acceptable)
3007 SHAMROCK NORTH #6

City **TALLAHASSEE**

FL

Zip Code **32309**

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 *Brenda Price*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

4/30/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME **PLENDI, HANS**
STREET ADDRESS **3007 SHAMROCK N., #29**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VENTRE, MARY**
STREET ADDRESS **3007 SHAMROCK N., #4**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HERRELL, LEA**
STREET ADDRESS **3007 SHAMROCK N. #25**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DE HAAN, PETER**
STREET ADDRESS **3007 SHAMROCK N. #24**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **BLACKLOCK, ELISABETH**
STREET ADDRESS **3007 SHAMROCK NORTH, #8**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PRICE, BRENDA**
STREET ADDRESS **3007 SHAMROCK N., #6**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☒ Change ☐ Addition
NAME **PRICE, BRENDA**
STREET ADDRESS **3007 SHAMROCK N., #6**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brenda Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06

Date

907-5430

Daytime Phone #