

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720377

FILED
Apr 28, 2009
Secretary of State

Entity Name: KENILWOOD TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

3007 SHAMROCK NORTH
TALLAHASSEE, FL 32309

New Principal Place of Business:

528 E. PARK AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

528 E. PARK AVE
TALLAHASSEE, FL 32301

FEI Number: 59-1374911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVE
TALLAHASSEE, FL 32301 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: DAN ISAACS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLENDI, HANS
Address: 3007 SHAMROCK N., #29
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD () Delete
Name: VENTRE, MARY
Address: 3007 SHAMROCK N., #4
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: HERRELL, LEA
Address: 3007 SHAMROCK N. #25
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: PRICE, BRENDA
Address: 3007 SHAMROCK N., #6
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: PLENDI, HANS
Address: 2949-29 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP (X) Change () Addition
Name: VENTRE, MARY
Address: 2949-4 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS (X) Change () Addition
Name: HERRELL, LEA
Address: 2949-25 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT (X) Change () Addition
Name: PRICE, BRENDA
Address: 2949-6 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY VENTRE

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date