

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720377

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** KENILWOOD TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-1374911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
INC.  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MCCORMICK, MARY  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: DVP  
Name: VENTRE, MARY  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: DST  
Name: FIORE, DANO  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: BOYLE, CHARLES  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: CADWALLADER, JAMES  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D  
Name: BRISTOW, KAREN  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

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: JOANIE TROTMAN

RA

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date