FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12: 10

DOCUMENT # 725305 (7)

1. Corporation Name

KENNETH CITY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4600 58TH ST. NORTH KENNETH CITY FL 33709	6000-54TH AVE N KENNETH CITY FL 33709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1973
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2368306 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATE, ALBERT
5698-44TH AVE N
KENNETH CITY FL 33709

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	PATE, ALBERT	1.2 NAME	BOUDREAU, D. MARIE
STREET ADDRESS	5698-44TH AVE N	1.3 STREET ADDRESS	4813 LAKE CHARLES DRIVE
CITY-ST-ZIP	KENNETH CITY FL	1.4 CITY-ST-ZIP	KENNETH CITY, FL
TITLE	D	2.1 TITLE	D ☒ Change ☒ Addition
NAME	WITZMAN, JOHN	2.2 NAME	CRAWBUCK, JOHN
STREET ADDRESS	6142-47TH AVE N	2.3 STREET ADDRESS	4711 58th STREET NORTH
CITY-ST-ZIP	KENNETH CITY FL	2.4 CITY-ST-ZIP	KENNETH CITY, FL
TITLE	D	3.1 TITLE	D ☒ Change ☒ Addition
NAME	PEETZ, EDWARD	3.2 NAME	KNOX, JACK
STREET ADDRESS	4943-57TH S N	3.3 STREET ADDRESS	4957 62nd STREET NORTH
CITY-ST-ZIP	KENNETH CITY FL	3.4 CITY-ST-ZIP	KENNETH CITY, FL
TITLE	D	4.1 TITLE	D ☒ Change ☒ Addition
NAME	OTT, RAY	4.2 NAME	OSTER, MARGARET
STREET ADDRESS	5090-61ST LANE N	4.3 STREET ADDRESS	5103 57th STREET NORTH
CITY-ST-ZIP	KENNETH CITY FL	4.4 CITY-ST-ZIP	KENNETH CITY, FL
TITLE	S	5.1 TITLE	D ☒ Change ☒ Addition
NAME	KNOX, BETTY	5.2 NAME	ISRAEL, EDWARD
STREET ADDRESS	4957-62ND ST N	5.3 STREET ADDRESS	4379 58th STREET NORTH
CITY-ST-ZIP	KENNETH CITY FL	5.4 CITY-ST-ZIP	~~KENNETH CITY, FL~~
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	GOUCHER, MARY	6.2 NAME	WHITMAN, MURIEL H.
STREET ADDRESS	5501-46TH AVE N	6.3 STREET ADDRESS	5711 53rd AVENUE NORTH
CITY-ST-ZIP	KENNETH CITY FL	6.4 CITY-ST-ZIP	KENNETH CITY, FL

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert F. Pate President — 1/17-95 — 1-813-544-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT F. PATE - PRESIDENT

0000004