

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725305

1. Entity Name

KENNETH CITY HOME OWNERS ASSOCIATION, INC.

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90713 034 ****61.25

Principal Place of Business

4800 58TH ST. NORTH
KENNETH CITY FL 33709

Mailing Address

6000-54TH AVE N
KENNETH CITY FL 33709
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

FEE Number 59-2368306

Applied For

Not Applicable

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

KOUNS, GENE

4467 62 STREET NORTH
KENNETH CITY FL 33709

Name

WING, DON

Street Address (P.O. Box Number is Not Acceptable)

5873-50 AVE. NO.

City

KENNETH CITY

FL

Zip Code 33709

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-16-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOUNS, GENE 4467 62 ST NORTH KENNETH CITY FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WING, DON 5873-50 AVE. NO KENNETH CITY FL 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, ESTHER 4152 55 WAY NO # 1030 KENNETH CITY FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDA DEERINGA 6181 43 AVE. NO KENNETH CITY FL 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWIE, HARLENE 5912 50 AVENUE NORTH KENNETH CITY FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY DUTTON 5680 47 AVE NO KENNETH CITY FL 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN FIELD, HELEN 5731 58TH AVE N KENNETH CITY FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOUNS, GENE 4467 62 ST NO KENNETH CITY FL 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTTON, JUDY 5680 47 AVENUE NORTH KENNETH CITY FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRABASSI, FLORENCE 6181 43 AVE. NO KENNETH CITY FL 33709	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROWSKI, ED 5693 47 AVENUE NORTH KENNETH CITY FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, MONA 5912 AVENUE NO KENNETH CITY FL 33709	☐ Change ☒ 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:

SIGNATURE REQUIRED WING

5-16-02 (727) 545-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)