2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90030 012 ****61.25

DOCUMENT # 725305

1. Entity Name

KENNETH CITY HOME OWNERS ASSOCIATION, INC.

44031689

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
4600 58TH ST. NORTH KENNETH CITY FL 33709	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

4. FEI 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

WING, DON
5873 SO AVE NORTH
KENNETH CITY FL 33709

DEL

7. Name and Address of New Registered Agent

Name KEITH ROWE
Street Address (P.O. Box Number is Not Acceptable) 5915 47 AVE N
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Keith S. Rowe 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WING, DON 5873 - 50 AVE NO KENNETH CITY FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Keith Rowe 5915 47th Ave. N. KENNETH CITY FL 33709 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROWE, KEITH 5915 47TH AVE. N. KENNETH CITY FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOIS HAMILTON 6096 45TH AVE N. 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAHN, MARY 4306 59TH ST. N. #2002 KENNETH CITY FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOLF, LESTER 5142 58TH LANE N. KENNETH CITY FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ 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: Lesley C Wolf LESTER C WOLF TREA. 4-15-04 727-546-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #