

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90032 043 ****61.25

DOCUMENT # 725305

1. Entity Name

KENNETH CITY HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

4600 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

1st MOORE

CR2E037 (10/04)

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

ROWE, KEITH
5915 47 AVE N
KENNETH CITY FL 33709

7. Name and Address of New Registered Agent

Name PIZZI, ANGELO

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

4143 56TH ST N #900

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

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

Angelo R. Pizzi

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE NAME ☒ Delete
P ROWE, KEITH
STREET ADDRESS 5915 47TH AVE N
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Delete
V HAMILTON, LOIS
STREET ADDRESS 6096 45TH AVE N
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☒ Delete
S BOWIE, HARLENE
STREET ADDRESS 5912 50 AVENUE NORTH
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Delete
D HAHN, MARY
STREET ADDRESS 4306 59TH ST. N. #2002
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Delete
I WOLF, LESTER
STREET ADDRESS 5142 58TH LANE N.
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Delete
D PETROWSKI, ED
STREET ADDRESS 5693 47 AVENUE NORTH
CITY-ST-ZIP KENNETH CITY FL 33709

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
P PIZZI, ANGELO
STREET ADDRESS 4143 56TH ST N #900
CITY-ST-ZIP KENNETH CITY, FL 33709

TITLE NAME ☐ Change ☐ Addition
V HAMILTON, LOIS
STREET ADDRESS 6096 45TH AVE N
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☒ Change ☐ Addition
S TIRABASSI, FLORENCE
STREET ADDRESS 4300 58TH ST. N #1809
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Change ☐ Addition
D HAHN, MARY
STREET ADDRESS 4306 59TH ST. N. #2002
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Change ☐ Addition
I WOLF, LESTER
STREET ADDRESS 5142 58TH LANE N.
CITY-ST-ZIP KENNETH CITY FL 33709

TITLE NAME ☐ Change ☐ Addition
D PETROWSKI, ED
STREET ADDRESS 5693 47 AVENUE NORTH
CITY-ST-ZIP KENNETH CITY FL 33709

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:

Lester C Wolf

LESTER C WOLF

3-9-05

727-546-4479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #