2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 725305

1. Entity 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

02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

PIZZI, ANGELO
4643 56TH ST
900
KENNETH CITY, FL 33709

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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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000822124
02/19/08-80055-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PIZZI, ANGELO
STREET ADDRESS	4143 56TH ST N, # 900
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	V
NAME	HAMILTON, LOIS
STREET ADDRESS	6096 45TH AVE N
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	D
NAME	ST. SAUVEUR, VERA
STREET ADDRESS	5870 49TH AVE, N
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	D
NAME	VISO, DELORES
STREET ADDRESS	4600 46TH AVE N, # 207
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	T
NAME	REDISCH, PHILIP
STREET ADDRESS	5009 61ST LN N
CITY-ST-ZIP	KENNETH CITY, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chip Redisch PHILIP REDISCH 2/7/08 727-546-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #