2003 NOT-FOR-PROFIT CORPORATION

Feb 06, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State **DOCUMENT # 725305** 1. Entity Name 02-06-2003 90052 050 ****61.25 KENNETH CITY HOME OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business **JUNTOOP!** 6000-54TH AVE N 4600 58TH ST. NORTH KENNETH CITY FL 33709 KENNETH CITY FL 33709 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State FEI Number 59-2368306 City & State Not Applicable \$8.75 Additional Country___ Zip 5. Certificate of Status Desired: Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WING, DON Street Address (P.O. Box Number is Not Acceptable) 5873 SO AVE NORTH **KENNETH CITY FL 33709** Zip Code 8. The above named enlity 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 registered agent. the obligations of 1-30-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 72 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10.5 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE Delete WING, DON NAME NAME STREET ADDRESS 5873 - 50 AVE NO STREET ADDRESS KENNETH CITY FL 33709 CITY-ST-7IP CITY-ST-ZIP Z Change Addition TITLE 🔀 Delete ROWE, KEITH 5915 47 TH AUS N. DECKINGA, LINDA NAME STREET ADDRESS 6215 43 AVE NO --STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KENNETH CITY FL 33709 ☐ Addition TITLE ☐ Delete TITLE BOWIE, HARLENE NAME NAME STREET ADDRESS STREET ADDRESS 5912 50 AVENUE NORTH CITY-ST-7IP KENNETH CITY FL 33709 CITY-ST-ZIP ☐ Addition Delete HAHN, MARY 4300 SOTE ST. N. GREEN FIELD, HELEN NAME NAME 5731 58TH AVE N STREET ADDRESS STREET ADDRESS 545-1966 KENNETH CITY FL 33709 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change Delete TITLE WOLF, LESTER 5142 58TH LANE N. DUTTON, JUDY NAME NAME STREET ADDRESS 5680 47 AVENUE NORTH STREET ADDRESS KENNETH CITY FL 33709 CITY-ST-7IP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

PETROWSKI, ED

5693 47 AVENUE NORTH

KENNETH CITY FL 33709

☐ Delete

2-2-03 727 546-4478

FILED

■ Addition