

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742866

FILED
Mar 03, 2006
Secretary of State

Entity Name: KIRKWOOD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2328 S CONGRESS AVE 1-C
WEST PALM BEACH, FL 33406

New Principal Place of Business:

2328 S CONGRESS AVE 1-C
SUITE 1 C
WEST PALM BEACH, FL 33406

Current Mailing Address:

2328 S CONGRESS AVE 1-C
WEST PALM BEACH, FL 33406

New Mailing Address:

2328 S CONGRESS AVE
SUITE 1 C
WEST PALM BEACH, FL 33406

FEI Number: 59-1968305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY, V. DONALD PA
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FASCHNACT, STEPHEN
Address: 2850 KIRK RD
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD () Delete
Name: JOENSUU, CHERYL
Address: 2850 KIRK RD
City-St-Zip: LAKE WORTH, FL 33461

Title: STD () Delete
Name: IZZARONE, TINA
Address: 2872 KIRKRD
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JOENSUU, CHERYL
Address: 2850 KIRK RD
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN FASNACHT

PD

03/03/2006

Electronic Signature of Signing Officer or Director

Date