


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

27. **FILED**
Mar 19, 2007 8:00 am
Secretary of State

02-26-2007 90053 020 ****61.25

DOCUMENT # 761322

1. Entity Name
KENWOOD PARK ASSOCIATION, INC.



Principal Place of Business THOMAS G. ECKERTY 12734 KENWOOD LANE STE 89 FT. MYERS, FL 33907	Mailing Address THOMAS G. ECKERTY 12734 KENWOOD LANE STE 89 FT. MYERS, FL 33907
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02022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2358736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMMERCIAL PROPERTY SPECIALISTS, INC
12734 KENWOOD LN
SUITE 93
FORT MYERS, FL 33907

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PROBE, LARRY 12734 KENWOOD LN SW 9 FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, WILLIAM 12734 KENWOOD LANE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAAS, LINDA 12220 FLINTLOCK LANE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Linda Haas* **3/15/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #