

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 048 ****61.25

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DOCUMENT # N00000005934 1. Entity Name 1801-1815 S. KANNER HIGHWAY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 1225 STUART, FL 34995			Mailing Address PO BOX 1225 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box # <u>1803 S Kanner Hwy</u>		3. Mailing Address <u>1803 S Kanner Hwy</u>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <u>Stuart FL</u>		City & State <u>Stuart FL</u>		4. FEI Number 65-1085849	
Zip <u>34994</u>		Country <u>USA</u>		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 DUNGEY, RICHARD J 3473 SE WILLOUGHBY BLVD STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP KRAUSKOPF, JEFF PO BOX 1225 STUART, FL 34995		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Trustee Grace White 1803 S Kanner Hwy Stuart, FL 34994	
	Delete <input checked="" type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVTS PARKS, RALPH H PO BOX 2654 STUART, FL 34995		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Trustee Scalici, Steven G. 1803 S Kanner Hwy Stuart, FL 34994	
	Delete <input checked="" type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Grace White</u> <u>Grace White</u> <u>4/9/07</u> <u>722.834.0012</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					