

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90026 043 ****61.25

DOCUMENT # N01000003729

1. Entity Name
KANAPAHA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4504 SW 29TH AVE.
GAINESVILLE, FL 32608**

Mailing Address
**4504 SW 29TH AVE.
GAINESVILLE, FL 32608**

94018086



2. Principal Place of Business
10835 SW 83rd Place
Suite, Apt. #, etc.

3. Mailing Address
10835 SW 83rd Pl.
Suite, Apt. #, etc.

02122004 Chg-NP CR2E037 (10/03)

City & State
Gainesville FL.

City & State
Gainesville FL.

4. FEI Number *** 20-0292112** Applied For
NOT APPLICABLE Not Applicable

Zip **32608.** Country **Alachua.**

Zip **32608.** Country **Alachua.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULHEARN, JAMES
4504 SW 29TH AVE.
GAINESVILLE, FL 32608**

Name **James Smith**
Street Address (P.O. Box Number is Not Acceptable)
10835 SW 83rd Place
City **Gainesville** FL Zip Code **32608**

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 **James Smith (President)** **James P Smith** **2/12/04**
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, 2004**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☒ Delete
NAME **MULHEARN, JAMES**
STREET ADDRESS **4504 SW 29TH AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☒ Delete
NAME **MULHEARN, VICKI A**
STREET ADDRESS **4504 SW 29TH AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☒ Delete
NAME **SPIES, LOREN**
STREET ADDRESS **2630B NW 41ST ST.**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **James Smith.**
STREET ADDRESS **10835 SW 83rd Place**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **DTS** ☐ Change ☒ Addition
NAME **Traci Durdan**
STREET ADDRESS **10913 SW 83rd Pl.**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **DSP** ☐ Change ☒ Addition
NAME **Charity Ackerman.**
STREET ADDRESS **12391 Inshore Dr.**
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **James P Smith** **2-12-2004** **352 495 5051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #