


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008584
 1. Entity Name
 KENDALL GREEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business ... Mailing Address
 230 NW 18TH STREET ... 230 NW 18TH STREET
 POMPANO BEACH, FL 33060 ... POMPANO BEACH, FL 33060



03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0412438 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLLEEN, LACY
 230 NW 18TH STREET
 POMPANO BEACH, FL 33060

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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 reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLEEN, LACY
STREET ADDRESS	230 NW 18TH STREET
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	VD
NAME	MOHORN, LEWIS
STREET ADDRESS	2060 NE 2ND AVENUE
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	TD
NAME	GRAHAM, EDDY M
STREET ADDRESS	101 NE 19TH STREET
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	S
NAME	JORDAN, THERESA
STREET ADDRESS	2000 NW 1ST AVE.
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	M
NAME	MCRAY, JOHN
STREET ADDRESS	1711 NW 1ST WAY
CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/21/05-80057-024 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Theresa Jordan* Theresa Jordan 3/18/05 954-762-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #