


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008584

1. Entity Name
KENDALL GREEN NEIGHBORHOOD ASSOCIATION, INC.



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

Mailing Address
230 NW 18TH STREET
POMPANO BEACH, FL 33060

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FILED
06 MAY 11 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072006 No Chg-NP CR2E037 (11/05)

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 Colleen Jay (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD COLLEEN, LACY 230 NW 18TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOHORN, LEWIS 2060 NE 2ND AVENUE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, EDDY M 101 NE 19TH STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, THERESA 2000 NW 1ST AVE. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCRAY, JOHN JO ANN 1711 NW 1ST WAY POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bs/17/06</i>

000075558810
05/31/06--01032--010 **\$9.00

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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: Colleen Jay SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____