

**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
POMPAÑO BEACH, FL 33060**

Mailing Address
**230 NW 18TH STREET
POMPAÑO BEACH, FL 33060**

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



04072006 No Chg-NP CR2E037 (11/05)

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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
POMPAÑO BEACH, FL 33060**

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IN THIS SPACE**

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 Lacy

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, 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 POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOHORN, LEWIS 2060 NE 2ND AVENUE POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, EDDY M 101 NE 19TH STREET POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, THERESA 2000 NW 1ST AVE. POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCRAE, JOHN JO ANN 1711 NW 1ST WAY POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B5/17/06</i>

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

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IN THIS SPACE**

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 Lacy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #