

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90064 005 ****61.25

DOCUMENT# N02000003223

1. Entity Name
KERNAN FOREST MASTER ASSOCIATION, INC.



Principal Place of Business
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

Mailing Address
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
52-2379365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

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 **P** ☒ Delete
NAME **COCHRAN, MICHAEL**
STREET ADDRESS **12639 KEENAN FOREST BLVE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32225**

TITLE **VP** ☒ Delete
NAME **GHANNAN, DIANA**
STREET ADDRESS **1651 TIMBER CROSSING LANE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32225**

TITLE **R** ☐ Delete
NAME **JONES, HAROLD**
STREET ADDRESS **1681 HIDDEN FOREST LANE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☐ Change ☒ Addition
NAME **VAN DER LEEST, KEITH**
STREET ADDRESS **1729 HIDDEN FOREST LN**
CITY-STATE-ZIP **JACKSONVILLE FL 32225**

TITLE **VP** ☐ Change ☒ Addition
NAME **MOTSINGER, ANDREW**
STREET ADDRESS **1706 HIDDEN FOREST LN**
CITY-STATE-ZIP **JACKSONVILLE FL 32225**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SEC** ☐ Change ☒ Addition
NAME **COCHRAN, PATRICIA**
STREET ADDRESS **1635 FOREST CREEK DR**
CITY-STATE-ZIP **JACKSONVILLE FL 32225**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 **904/646-2858**
Date Daytime Phone #