

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004763

FILED  
Jan 19, 2004  
Secretary of State

Entity Name: KENWOOD VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1307 19TH PL  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1307 19TH PLACE  
VERO BEACH, FL 32960

**Current Mailing Address:**

PO BOX 1779  
VERO BEACH, FL 32961

**New Mailing Address:**

FEI Number: 51-0421527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRACKETT, MARK A  
1915 34TH AVENUE  
VERO BEACH, FL 32960      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BRACKETT, MARK A  
Address: 1915 34TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: DV ( ) Delete  
Name: BRACKETT, ROBERT A  
Address: 2066 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: DS ( ) Delete  
Name: HANDLER, BILL  
Address: 5670 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BRACKETT

DPT

01/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date