

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-06-2005 90107 032 ****61.25

DOCUMENT # N02000004763 1. Entity Name KENWOOD VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 1307 19TH PLACE VERO BEACH, FL 32960		Mailing Address PO BOX 1779 VERO BEACH, FL 32961	
2. Principal Place of Business 2001 9th Ave. Suite, Apt. #, etc. 209 City & State Vero Beach, FL Zip 32960 Country USA		3. Mailing Address 2001 9th Ave. Suite, Apt. #, etc. 209 City & State Vero Beach, FL Zip 32960 Country USA	
4. FEI Number 51-0421527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04142005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BRACKETT, MARK A 1915 34TH AVENUE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Key Stone Property Mgmt Group Street Address (P.O. Box Number is Not Acceptable) 2001 9th Ave. Suite 209 City Vero Beach FL Zip Code 32960	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5-25-05 <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRACKETT, MARK A 1915 34TH AVENUE VERO BEACH, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Piranian, Alexander 660 Kenwood Dr. SW VERO BEACH 32969
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRACKETT, ROBERT A 2066 14TH AVENUE VERO BEACH, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hendricks, Thomas 636 Kenwood Dr. SW Vero Beach 32969
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BITTLE, HOLLIS P. O. BOX 1326 VERO BEACH, FL 32961	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Rice, Malcolm 590 Kenwood Dr. SW Vero Beach 32969
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

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