

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N02000004763

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

Current Principal Place of Business:

2001 9TH AVE
308
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2001 9TH AVE
308
VERO BEACH, FL 32960

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:

MILLER, WILLIAM F
2001 9TH AVE
STE 308
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: VPD () Delete
Name: ERRICKSON, ANDREW
Address: 739 S. OCRACOCKE SQ. SW
City-St-Zip: VERO BEACH, FL 32968

Title: PD () Delete
Name: URSO, ANTHONY
Address: 730 S. OCRACOCKE SQ. SW
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: NEEL, ROBERT
Address: 731 SOUTH OCRACOCKE SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: MICHALKO, JOESPH
Address: 753 SOUTH OCRACOCKE SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: CASSAINARI, NORMA
Address: 734 SOUTH OCRACOCKE SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

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:

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

Title: D (X) Change () Addition
Name: JAGEMANN, WALTER
Address: 736 SOUTH OCRACOCKE SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTHONY URSO

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date