


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90161 039 ****61.25

DOCUMENT # N02000004763

1. Entity Name
KENWOOD VILLAGE PROPERTY OWNER'S ASSOCIATION, IN C.



Principal Place of Business Mailing Address
800 8TH STREET SUITE A **800 8TH STREET SUITE A**
VERO BEACH FL 32962 **VERO BEACH FL 32962**

2. Principal Place of Business 3. Mailing Address
1307 19th Place **P.O. Box 1779**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VERO BEACH FL **VERO BEACH FL**
32962 **32961**
Country Country
USA **USA**

4. FEI Number Applied For
51-0421527 Not Applicable

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

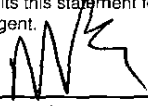


CHECK HERE IF MAKING CHANGES

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
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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	DPT	<input type="checkbox"/> Delete
NAME	BRACKETT, MARK A	
STREET ADDRESS	1915 34TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRACKETT, ROBERT A	
STREET ADDRESS	2066 14TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HANDLER, BILL	
STREET ADDRESS	5670 CORPORATE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)