2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# N03000004073

Entity Name: KENNWOOD ON THE LAKE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4312 SHADOW WOOD TR
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

4312 SHADOW WOOD TR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, NEAL E
300 THIRD STREET NW
WINTER HAVEN, FL 33881 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:	D	( ) Delete
Name:	KOWALSKE, KENN M	
Address:	4312 SHADOW WOOD TR	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	KOWALSKE, PATRICIA D	
Address:	4312 SHADOW WOOD TR	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	WOODWARD, WALTER R	
Address:	233 SANTA ROSA DR SE	
City-St-Zip:	WINTER HAVEN, FL	
Title:	D	( ) Delete
Name:	WOODWARD, KATHY S	
Address:	233 SANTA ROSA DR SE	
City-St-Zip:	WINTER HAVEN, FL	

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:	

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: KENN M. KOWALSKE DIRE 07/13/2004
Electronic Signature of Signing Officer or Director — Date