

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N03000005212

1. Entity Name

KIDD LANE HOMEOWNERS ASSOCIATION, INC.



**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 91056 041 ****61.25



MOORE CR2E037 (11/03)

Principal Place of Business		Mailing Address	
4400 P.G.A. BOULEVARD SUITE 800 PALM BEACH GARDENS FL 33410		4400 P.G.A. BOULEVARD SUITE 800 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
J. RICHARD HARRIS 4400 P.G.A. BOULEVARD SUITE 800 PALM BEACH GARDENS FL 33410		Name <i>Minder, Gary</i> Street Address (P.O. Box Number is Not Acceptable) <i>11470 Kidd Lane</i>	
		City <i>Palm Beach Gardens FL</i> Zip Code <i>33410</i>	

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 *Gary G. Minder*

4/22/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

*Minder, Gary
11470 Kidd Lane
Palm Beach Gardens, FL 33410*

Change Addition

Change Addition

Change Addition

Change Addition

Change 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: *Gary G. Minder / Gary G. Minder 4/22/04 561-493-8409*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #