


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000006325</b> 1. Entity Name H & K KANNER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2055 SOUTH KANNER HIGHWAY STUART, FL 34994	Mailing Address 2055 SOUTH KANNER HIGHWAY STUART, FL 34994
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01312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1173944	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KOHL, JR, N. DEAN 2055 SOUTH KANNER HIGHWAY STUART, FL 34994
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOHL JR, N. DEAN 2055 SOUTH KANNER HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLEY, DANIEL T 2065 SOUTH KANNER HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLEY, MAUREEN M 2075 SOUTH KANNER HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SQUADRITO, PAMELA J 2055 SOUTH KANNER HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000836674  
03/04/08-80027-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08 772-223-9889  
Date Daytime Phone #