FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:55

DOCUMENT # N08815 (5)

1. Corporation Name
KENNEDY POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 167 4747 SOUTH WASHINGTON TITUSVILLE FL 32780	P.O. BOX 167 4747 SOUTH WASHINGTON TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1985
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2546397 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALDERWOOD, JOE P.
1703 S. WASHINGTON AVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: Calderwood, Joe P.
82 Street Address (P.O. Box Number is Not Acceptable): 918 S Washington Ave
83: Titusville, FL 32780
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joe P Calderwood, CPA — 2/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition P/D
NAME	FINLEY, GEORGE	1.2 NAME	Rosalie Beltzner
STREET ADDRESS	4747 S. WASHINGTON AVENUE #154	1.3 STREET ADDRESS	4747 S Washington Ave,#161
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition V/D
NAME	WILKSON, RICK	2.2 NAME	Charles Mars
STREET ADDRESS	6665 DOUBLETRACE LN.	2.3 STREET ADDRESS	4747 S Washington Ave,#130
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition T/D
NAME	KLAUS, LOIS	3.2 NAME	Richard DeVine
STREET ADDRESS	4747 S. WASHINGTON AVENUE #131	3.3 STREET ADDRESS	4747 S Washington Ave #166
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosalie A. Beltzner 2/6/95 (407) 269-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032505