

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N08815 (5)  
1. Corporation Name  
KENNEDY POINT CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 04/19/1985	3a. Date of Last Report 02/10/1995
4. FEI Number 59-2546397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELTZNER, ROSALIE	
STREET ADDRESS	4747 S. WASHINGTON AVE., #161	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARS, CHARLES	
STREET ADDRESS	4747 S. WASHINGTON AVE., #130	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEVINE, RICHARD	
STREET ADDRESS	4747 S. WASHINGTON AVE., #166	
CITY-ST-ZIP	TITUSVILLE FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOE ROZZA	
4.3 STREET ADDRESS	4747 S. WASHINGTON AVE. #125	
4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HERB OSCHMANN	
5.3 STREET ADDRESS	4747 S. WASHINGTON AVE. #166	
5.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Betty Keimecke	
6.3 STREET ADDRESS	4747 S. WASHINGTON AVE. #134	
6.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)