

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 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 32780P.O. BOX 167  
4747 SOUTH WASHINGTON  
TITUSVILLE FL 32780-73243. Date Incorporated or Qualified  
04/19/19853a. Date of Last Report  
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2546397Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BELTZNER, ROSALIE  
STREET ADDRESS 4747 S. WASHINGTON AVE., #161  
CITY-ST-ZIP TITUSVILLE FL1.1 TITLE S ☐ Change ☒ Addition  
1.2 NAME Baranowski, Marlowe  
1.3 STREET ADDRESS 4747 S. Washington Ave. #110  
1.4 CITY-ST-ZIP Titusville, FL 32780TITLE PD ☐ DELETE  
NAME MARS, CHARLES  
STREET ADDRESS 4747 S. WASHINGTON AVE., #130  
CITY-ST-ZIP TITUSVILLE FL2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME BELTZNER, ROSALIE  
2.3 STREET ADDRESS 4747 S. WASHINGTON AVE #161  
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780TITLE S ☒ DELETE  
NAME ROZZA, JOE  
STREET ADDRESS 4747 S. WASHINGTON AVE., #125  
CITY-ST-ZIP TITUSVILLE FL3.1 TITLE PD ☐ Change ☐ Addition  
3.2 NAME MARS, CHARLES  
3.3 STREET ADDRESS 4747 S. WASHINGTON AVE #130  
3.4 CITY-ST-ZIP TITUSVILLE, FL 32780TITLE VD ☒ DELETE  
NAME OSCHMAN, HERB  
STREET ADDRESS 4747 S WASHINGTON AVE #166  
CITY-ST-ZIP TITUSVILLE FL 327804.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME TROUSEY, RONALD  
4.3 STREET ADDRESS 4747 S. WASHINGTON AVE #121  
4.4 CITY-ST-ZIP TITUSVILLE, FL 32780TITLE D ☒ DELETE  
NAME REINEEKE, BETTY  
STREET ADDRESS 4747 S WASHINGTON AVE #134  
CITY-ST-ZIP TITUSVILLE FL 327805.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME THORSTAD, RONALD  
5.3 STREET ADDRESS 4747 S. WASHINGTON AVE #151  
5.4 CITY-ST-ZIP TITUSVILLE, FL 32780TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 # 0015005

CR2E037 (9/96)