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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08815

1. Corporation Name

KENNEDY POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 167  
4747 SOUTH WASHINGTON  
TITUSVILLE FL 32780

Mailing Address

P.O. BOX 167  
4747 SOUTH WASHINGTON  
TITUSVILLE FL 32780



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/19/1985

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE S  
NAME BARANOWSKI, MARLOWE  
STREET ADDRESS 4747 S. WASHINGTON AVE., #110  
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE VP  
NAME BELTLNER ROSALIE  
STREET ADDRESS 4747 S. WASHINGTON AVE., #161  
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE PD  
NAME MARS, CHARLES  
STREET ADDRESS 4747 S. WASHINGTON AVE., #130  
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE T  
NAME ROUSEY, RONALD  
STREET ADDRESS 4747 S. WASHINGTON AVE., #121  
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE D  
NAME THORSTAD, RONAD  
STREET ADDRESS 4747 S. WASHINGTON AVE., #151  
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME LORRAINE VAN HOUTEN

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME JEAN T. JEAN, GENE OSCHMANN, JEAN OSCHMANN

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME JULIANA ROZZA

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME WILLIAM YOUNG

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME D S RICH SCHINDLER

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-20-99

Date

Daytime Phone #

CR2E037 (11/98)