

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N17159 (7)
1. Corporation Name
KENNEDY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
RT. 2, BOX 457, OLD BETHEL RD.
P.O. BOX 411
CRESTVIEW FL 32536 RT. 2, BOX 457, OLD BETHEL RD.
P.O. BOX 411
CRESTVIEW FL 32536

3. Date incorporated or Qualified 10/07/1986 3a. Date of Last Report 03/15/1994
4. FBI Number NOT APPLICABLE 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 5667 Old Bethel Rd 26 c/o Frances Davis
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 5667 Old Bethel Rd 27 5667 Old Bethel Rd
City & State City & State
23 Crestview FL 28 Crestview FL
Zip Country Zip Country
24 32536 25 USA 29 32536 30 USA

9. Name and Address of Current Registered Agent

DAVIS, FRANCES O.
5667 OLD BETHEL RD.
CRESTVIEW FL 32536

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 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

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 P
NAME DAVIS, FRANCES OL
STREET ADDRESS 5667 OLD BETHEL RD
CITY-ST-ZIP CRESTVIEW FL

TITLE D
NAME STAFFORD, OTIS
STREET ADDRESS RT 2 BOX 465
CITY-ST-ZIP CRESTVIEW FL

TITLE D
NAME BROWN, KARL T.
STREET ADDRESS 5663 OLD BETHEL RD
CITY-ST-ZIP CRESTVIEW FL

TITLE D
NAME GARRETT, ROY
STREET ADDRESS 117 CHEROKEE LANE
CITY-ST-ZIP CRESTVIEW FL

TITLE D
NAME YOZMAK, STEPHEN E.
STREET ADDRESS 1048 TALLOKAS RD.
CITY-ST-ZIP CRESTVIEW FL

TITLE D
NAME HARRELL, ANN
STREET ADDRESS 5732 OLD BETHEL RD
CITY-ST-ZIP CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Otis Stafford
2.3 STREET ADDRESS 5695 Old Bethel Road
2.4 CITY-ST-ZIP Crestview FL 32536

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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

FRANCES O. DAVIS, PRESIDENT

March 14, 1995 904 682-5769