

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**5667 OLD BETHEL RD
CRESTVIEW FL 32536
US**

Mailing Address
**C/O FRANCES DAVIS
5667 OLD BETHEL RD
CRESTVIEW FL 32536
US**

3. Date Incorporated or Qualified
10/07/1986

3a. Date of Last Report
03/23/1995

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

4. FEI Number
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, FRANCES OL	
STREET ADDRESS	5667 OLD BETHEL RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAFFORD, OTIS	
STREET ADDRESS	5695 OLD BETHEL ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, KARL T.	
STREET ADDRESS	5663 OLD BETHEL RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, ROY	
STREET ADDRESS	117 CHEROKEE LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOZMAK, STEPHEN E.	
STREET ADDRESS	1048 TALLOKAS RD.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Frances O. Davis* **FRANCES O. DAVIS** **April 15, 1996** **904-682-5769**
Date Daytime Phone

CR2E037 (12/95)