

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90203 008 \*\*\*\*70.00

**DOCUMENT # N29983**

1. Entity Name  
**RANGE LINE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 150 N GRAVES RD  
 PO BOX 2667  
 FT PIERCE, FL 34954 US

Mailing Address  
 150 N GRAVES RD  
 PO BOX 2667  
 FT PIERCE, FL 34954 US

**50052693**



2. Principal Place of Business  
**4310 77th STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4310 77th STREET**  
 Suite, Apt. #, etc.

05032005 Chg-NP CR2E037 (10/03)

City & State  
**WABASSO FL**  
 Zip  
**32970**

Country  
**INDIAN RIVER**

City & State  
**WABASSO FL**  
 Zip  
**32970**

Country  
**INDIAN RIVER**

4. FEI Number  
**59-2948709**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EAKIN, BILL  
 150 N GRAVES RD  
 PO BOX 2667  
 FT PIERCE, FL 34945

7. Name and Address of New Registered Agent

Name **KENNETH P. KENNEDY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4310 77th STREET**  
 City **WABASSO FL** Zip Code **32970**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date: **KENNETH P. KENNEDY** (NOTE: Registered agent must sign when transacting)

DATE

**5/3/05**

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
 NAME SCHIRARD, BRANT  
 STREET ADDRESS 150 N GRAVES RD PO BOX 2667  
 CITY-ST-ZIP FT PIERCE, FL 34954

TITLE VD ☐ Delete  
 NAME GONZALEZ, RICHARD  
 STREET ADDRESS 260 W PINELOCH STREET  
 CITY-ST-ZIP ORLANDO, FL 32806

TITLE D ☒ Delete  
 NAME SCHIRARD, BRANTLEY  
 STREET ADDRESS 150 N GRAVES RD PO BOX 2667  
 CITY-ST-ZIP FT PIERCE, FL 34954

TITLE ST ☒ Delete  
 NAME EAKIN, BILL  
 STREET ADDRESS 150 N GRAVES RD PO BOX 2667  
 CITY-ST-ZIP FT PIERCE, FL 34954

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
 NAME **THOMAS P. KENNEDY**  
 STREET ADDRESS **4310 77th STREET**  
 CITY-ST-ZIP **WABASSO FL 32970**

TITLE VSTD ☐ Change ☒ Addition  
 NAME **KENNETH A. KENNEDY**  
 STREET ADDRESS **4310 77th STREET**  
 CITY-ST-ZIP **WABASSO FL 32970**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT: **KENNETH P. KENNEDY**

Date

Daytime Phone #

**5/3/05 772-589-4387**