

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44323

1. Entity Name
KENMARE COMMONS HOMES ASSOCIATION, INC.



Principal Place of Business
3550 KILLARNEY PLAZA DR
TALLAHASSEE, FL 32309 US

Mailing Address
3550 KILLARNEY PLAZA DR
TALLAHASSEE, FL 32309 US

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3123006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALAVIS, CARLOS E
3550 KILLARNEY PLAZA DR
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GALAVIS, CARLOS 3550 KILLARNEY PLAZA DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HARRELL, EVELYN 3573 KILLARNEY PLAZA DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORELL, DIANN 3544 KILLARNEY PLAZA DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARR, MARK 3596 WEXFORD CT TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/14/08-80007-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNING OFFICER OR DIRECTOR

7/3/2008

Date

850-567-7497

Daytime Phone #