

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N44323

FILED  
Nov 03, 2009  
Secretary of State

**Entity Name:** KENMARE COMMONS HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

3550 KILLARNEY PLAZA DR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

3596 WEXFORD CT  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

3550 KILLARNEY PLAZA DR  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

3596 WEXFORD CT  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-3123006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: CARLOS E GALAVIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GALAVIS, CARLOS  
Address: 3550 KILLARNEY PLAZA DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP (X) Delete  
Name: HARRELL, EVELYN  
Address: 3573 KILLARNEY PLAZA DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: MORELL, DIANN  
Address: 3544 KILLARNEY PLAZA DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: CARR, MARK  
Address: 3596 WEXFORD CT  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS E GALAVIS

PRES

11/03/2009

Electronic Signature of Signing Officer or Director

Date