

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90213 035 ****61.25

DOCUMENT # N47985

1. Entity Name

KENWOOD TOWN HOMES ASSOCIATION, INC.



Principal Place of Business

164 SE LAKEVIEW DR
SEBRING FL 33870

Mailing Address

2018 LAKEVIEW DR
SEBRING FL 33870



2. Principal Place of Business - No P.O. Box #

2018 LAKEVIEW DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SEBRING, FL

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip
33870

Country
HIGHLANDS

Zip

Country

4. FEI Number

65-0415655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNBULL, JAMES
164 SE LAKEVIEW DR
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2014 LAKEVIEW DR

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	DP	<input type="checkbox"/> Delete
NAME	TURNBULL, JAMES D	
STREET ADDRESS	2014 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BUELA, LARRY	
STREET ADDRESS	6025 SHELTON STREET	
CITY- ST- ZIP	SEBRING FL 33876	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, DAVID	
STREET ADDRESS	2004 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	ROTH, JOAN H	
STREET ADDRESS	2018 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNBULL, CECILIA	
STREET ADDRESS	2014 LAKVIEW DR	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULER, VALERIE	
STREET ADDRESS	2006 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDY, STEVEN	
STREET ADDRESS	2002 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JOAN H	
STREET ADDRESS	2018 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNBULL, CECILIA	
STREET ADDRESS	2014 LAKEVIEW DR	
CITY- ST- ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joan H. Roth Secy* **JOAN H ROTH** 4/8/07 863-382 4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #