

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90109 004 ****61.25

DOCUMENT # N48259 1. Entity Name 4108 KENILWORTH MHP ASSOCIATION, INC.			
Principal Place of Business 4108 KEHILWORTH BLVD CLUBHOUSE SEBRING, FL 33870 US		Mailing Address SEBRING MOBILE ESTATES 4128 TOPAZ STREET SEBRING, FL 33870 US	
2. Principal Place of Business - No P.O. Box # 1180 OPAL AVE		3. Mailing Address 1180 OPAL AVE.	
Suite, Apt. #, etc. LOT 106		Suite, Apt. #, etc. LOT 106	
City & State SEBRING, FL.		City & State SEBRING, FL.	
Zip 33870		Zip 33870	
Country USA.		Country USA.	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORMAN, WALTER E 1101 EMERALD AVENUE SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Walter E. Horman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>WALTER HORMAN</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <i>01-10-08</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORMAN, WALTER E 1101 EMERALD AVENUE SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, CHRISTINE R 1115 JADE AVENUE SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, RICHARD B 4110 JASPER STREET SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCIS J. SEMENTI, JR. 1180 OPAL AVE. SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Walter E. Horman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>1-10-08</i> <i>863-314-0185</i> <small>Date Daytime Phone #</small>	