


2010 NOT-FOR-PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 JAN 21 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600166855666 01/21/10--01043--023 **\$1.25 CR2E081 (11/09)	
DOCUMENT # <u>N 48 259</u>					
1. Corporation Name <u>4108 KENILWORTH MHP ASSOCIATION, INC</u>					
2. Principal Office Address - No P.O. Box # <u>4108 Kenilworth Blvd</u>		3. Mailing Office Address <u>4128 Topaz St.</u>			
Suite, Apt. #, etc. <u>Club House</u>		Suite, Apt. #, etc.			
City & State <u>Sebring, FL</u>		City & State <u>Sebring, FL</u>			
Zip <u>33870</u>	Country <u>USA</u>	Zip <u>33870</u>	Country <u>USA</u>		
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number					<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name <u>Roger L. Wunderlin</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4116 Topaz St.</u>					
Suite, Apt. #, Etc. <u>Lot #63</u>					
City <u>Sebring</u>		State <u>FL</u>	Zip Code <u>33870</u>		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <u>Roger L. Wunderlin</u>				Date <u>1-13-10</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
<u>P</u>	<u>Roger L. Wunderlin</u>	<u>4116 Topaz St</u>		<u>Sebring, FL 33870</u>	
<u>VP</u>	<u>Sharon Hunt</u>	<u>1225 Opal, Ave</u>		<u>Sebring, FL 33870</u>	
<u>S</u>	<u>Robert Pierce</u>	<u>1230 Opal, Ave</u>		<u>Sebring, FL 33870</u>	
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Roger L. Wunderlin</u>				Date <u>1-13-10</u> Daytime Phone # <u>931-698-0922</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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