

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002979

FILED  
Mar 20, 2007  
Secretary of State

**Entity Name:** KENWOOD TOWN HOUSES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4417 BEACH BLVD. SUITE 300  
C/O MILLER SKINNER & JOLLY P.A.  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

CARLA MILLER, ESQUIRE  
4417 BEACH BLVD. SUITE 300  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-3432190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, CARLA ESQ.  
4417 BEACH BLVD. SUITE 300  
JACKSONVILLE, FL 32207 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D, P ( ) Delete  
Name: GODESH, DIKLA  
Address: 134 KENWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33775

Title: D, S ( ) Delete  
Name: THURSTON, SANDIE  
Address: 126 KENWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33775

Title: D, T ( ) Delete  
Name: CAMMARATA, SAM  
Address: 120 KENWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33775

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLA MILLER

RA

03/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date