

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

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 010 ****61.25

DOCUMENT # N97000001159

1. Entity Name

KAKUSHA HOME PARK INCORPORATED



Principal Place of Business

Mailing Address

1654 CLEARWATER LARGO ROAD
LOT 904
CLEARWATER FL 33756

1654 CLEARWATER LARGO ROAD
LOT 904
CLEARWATER FL 33756



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM, MCHALE J
1654 CLEARWATER-LARGO RD.
LOT 904
CLEARWATER FL 33756

Name

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

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAM, DUKE	
STREET ADDRESS	1654 CLEARWATER-LARGO RD #801	
CITY-STATE-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACDONALD, HELEN	
STREET ADDRESS	1654 CLEARWATER-LARGO RD, #244	
CITY-STATE-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KING, EILEEN	
STREET ADDRESS	1654 CLEARWATER-LARGO RD #405	
CITY-STATE-ZIP	CLEARWATER FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULIA, EVELYN	
STREET ADDRESS	1654 CLRWTR-LARGO RD LOT 238	
CITY-STATE-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, WILLIAM	
STREET ADDRESS	1654 CLEARWATER-LARGO RD #1001	
CITY-STATE-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAUST, ROSEMARIE	
STREET ADDRESS	1654 CLEARWATER-LARGO RD #808	
CITY-STATE-ZIP	CLEARWATER FL 33756	

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STATION, DEWEY
STREET ADDRESS	1654 CLEARWATER-LARGO RD #234
CITY-STATE-ZIP	CLEARWATER FL 33756
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARREL, JOANN
STREET ADDRESS	1654 CLEARWATER-LARGO RD #606
CITY-STATE-ZIP	CLEARWATER, FL 33756
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAVENER, RAYMOND
STREET ADDRESS	1654 CLEARWATER-LARGO RD #607
CITY-STATE-ZIP	CLEARWATER, FL 33756
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: William Z. Duke WILLIAM Z. DUKE 2/21/07 727-585-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR