

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-14-2008 90108 013 ****61.25

DOCUMENT # N97000001159 1. Entity Name KAKUSHA HOME PARK INCORPORATED					
Principal Place of Business 1654 CLEARWATER LARGO ROAD LOT 904 CLEARWATER, FL 33756			Mailing Address 1654 CLEARWATER LARGO ROAD LOT 904 CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<div style="display: flex; justify-content: space-between;"> 01042008 Chg-NP CR2E037 (12/06) </div>					
6. Name and Address of Current Registered Agent WILLIAM, MCHALE J 1654 CLEARWATER-LARGO RD. LOT 904 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD WILLIAM, DUKE 1654 CLEARWATER-LARGO RD #801 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE LITTLEFIELD 1654 CLEARWATER-LARGO RD #204 CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACDONALD, HELEN 1654 CLEARWATER-LARGO RD, #244 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE CASALE 1654 CLEARWATER-LARGO RD #407 CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, EILEEN 1654 CLEARWATER-LARGO RD #405 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY ROMEO 1654 CLEARWATER-LARGO RD #502 CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULIA, EVELYN 1654 CLRWTR-LARGO RD LOT 238 CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND TAYLOR 1654 CLEARWATER-LARGO RD #607 CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, WILLIAM 1654 CLEARWATER-LARGO RD #1001 CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE FARRELL 1654 CLEARWATER-LARGO RD #606 CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, ROSEMARIE 1654 CLEARWATER-LARGO RD #808 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	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: William Z. Duke <i>January 10, 2008</i> (727) 585-5650					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					