

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001159

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: KAKUSHA HOME PARK INCORPORATED

## Current Principal Place of Business:

1654 CLEARWATER LARGO ROAD  
LOT 904  
CLEARWATER, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

1654 CLEARWATER LARGO ROAD  
LOT 904  
CLEARWATER, FL 33756

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAM, MCHALE J  
1654 CLEARWATER-LARGO RD.  
LOT 904  
CLEARWATER, FL 33756 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: PD ( ) Delete  
Name: WILLIAM, DUKE  
Address: 1654 CLEARWATER-LARGO RD #801  
City-St-Zip: CLEARWATER, FL 33756

Title: VD ( ) Delete  
Name: MACDONALD, HELEN  
Address: 1654 CLEARWATER-LARGO RD, #244  
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete  
Name: KING, EILEEN  
Address: 1654 CLEARWATER-LARGO RD #405  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: LITTLEFIELD, FLORENCE  
Address: 1654 CLEARWATER-LARGO RD #204  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: CASALE, JOE  
Address: 1654 CLEARWATER-LARGO RD. #407  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: FAUST, ROSEMARIE  
Address: 1654 CLEARWATER-LARGO RD #808  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HELEN, MACDONALD  
Address: 1654 CLEARWATER-LARGO RD #244  
City-St-Zip: CLEARWATER, FL 33756

Title: VD (X) Change ( ) Addition  
Name: JUNE, ECKARD  
Address: 1654 CLEARWATER-LARGO RD, #509  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: HELEN MACDONALD

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date