

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 14, 2005 8:00 am
Secretary of State**

03-14-2005 90081 037 ****61.25

DOCUMENT # N98000006294



1. Entity Name
KANAPAHA PINES UNIT III OWNERS' ASSOCIATION ,
INC.

Principal Place of Business
5522 NW 43RD ST
GAINESVILLE, FL 32653

Mailing Address
5522 NW 43RD ST
GAINESVILLE, FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3628153

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

TENAGLIA, RICHARD A
BOSSHARDT PROPERTY MGT.
5522 NW 43RD STREET
GAINESVILLE, FL 32653

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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

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 DP Delete
NAME FERDIG, RICK
STREET ADDRESS 9902 SW 87TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE DT Change Addition
NAME Bethany Kays
STREET ADDRESS 8801 SW 102nd Ave.
CITY-ST-ZIP Gainesville, FL 32608

TITLE DVP Delete
NAME WICHMAN, TOM
STREET ADDRESS 10104 SW 89TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE DS Change Addition
NAME Alice Fapathy
STREET ADDRESS 9913 87th Terr
CITY-ST-ZIP Gainesville, FL 32608

TITLE DT Delete
NAME VOWEL, BRAD
STREET ADDRESS 10008 SW 89TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE DT Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS Delete
NAME MINCY, TAL
STREET ADDRESS 9819 SW 90TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE DS Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME HARDY, CHANDRA
STREET ADDRESS 10003 SW 90TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

352-495-020

Daytime Phone #