2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

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DOCUMENT # N9800006294 1. Entity Name KANAPAHA PINES UNIT III OWNERS' ASSOCIATION , INC.					4บบอฮ		08 90213 0	016 ****6.	1.25	
Principal Place of Business 5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653		Mailing Address 5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653					· , .	: 81/11 1EH/: F3113 1	III IIUR IARF EIN	IIIE! TI IFAL
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04042008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State	City & State			4. FEI Number Applied For 59-3628153 Not Applicable				
Zip	Country	Zip	Co	ountry		5. Certificate	of Status Desire	ad 🔲	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	•			7. Name and	Address of Ne	w Registered	Agent	
HOUDERSHELT, DEBBIE S C/O BOSSHARDT PROPERTY MGT. 5522-B NW 43RD STREET				7. Name and Address of New Registered Agent Carol A. Morales Street Address (P.O. Box Number is Not Acceptable) C/O Bosshardt Property Management Inc.						
	LLE, FL 32653			5522	2-B N	W 43 Str	eet			
0, 111 120 11	222, 12 02000			City				FL	Zip Code	
9 The above	named entity submits this statement for	or the nurnose of char	oina ite regieta	ered office o	nesvi	ed agent or bot	h in the State o	f Florida I am		
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-	Signature, typed or printed name of registered agent	and title if applicable.				NORAL when reinstating)	ES	DATE	-16-08	<u> </u>
-	Filing Fee is \$61.25	9. Elec		ered Agent signat		-	8	DATE	k payable to	0
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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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2008

(352) 495-1223