2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90080 033 ****61.25

DOCUMENT # N98000006512

1. Entity Name
KENANSVILLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1150 S CANOE CREEK RD KENANSVILLE, FL 34739	POST OFFICE BOX 41 KENANSVILLE, FL 34739

01032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1150 S Canoe Creek	P.O Box 41
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kenansville FL	City & State: Kenansville FL
Zip: 34739 Country: Osceola	Zip: 34739 Country: Osceola

4. FEI Number 59-3551864 ☐ 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
WILLIAMS, BEVERLY 100 4TH AVE PO BOX 247 KENANSVILLE, FL 34739	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 Beulah Smothers Treas. 1-10-06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANCOCK, LINDA 855 S. CANOE CREEK ROAD KENANSVILLE, FL 34739	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, BEVERLY 100 -4TH AVE KENANSVILLE, FL 34739	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Beverly Williams, VP 100 - 4th Avenue Kenansville, FL 34739	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POTATE, LIBBY 190 COULTER DR KENANSVILLE, FL 34739	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ann Mathis S 1465 Grant Bass Rd Kenansville, FL 34739	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMOTHERS, BEULAH 429 SPOONBILL CT KENANSVILLE, FL 34739	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Smothers, Beulah T 429 Spoonbill Ct. Kenansville, FL 34739	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC WHORTER, MYRA 447 LAGOON CT KENANSVILLE, FL 34739	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KNAPP, JEANETTE 225 MYRTLE STREET KENANSVILLE, FL 34739	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Benjamin, Mary D 310 Coulter Dr. Kenansville, FL. 34739	☐ Change ☒ Addition

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: Beulah Smothers Beulah Smothers Treas. 1/10/06 407-436-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #