

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006512

FILED
Jan 08, 2010
Secretary of State

Entity Name: KENANSVILLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1150 S CANOE CREEK RD
KENANSVILLE, FL 34739

New Principal Place of Business:

1180 S CANOE CREEK RD
KENANSVILLE, FL 34739

Current Mailing Address:

POST OFFICE BOX 41
KENANSVILLE, FL 34739

New Mailing Address:

FEI Number: 59-3551864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCWHORTER, MYRA MS
447 LAGOON CT.
KENANSVILLE, FL 34739 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
Name: MCWHORTER, MYRA
Address: 447 LAGOON COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: VPD
Name: HARVEY, MURRAY
Address: PO BOX 112
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: POTATE, TOM
Address: 190 COULTER DRIVE
City-St-Zip: KENANSVILLE, FL 34739

Title: TD
Name: VALLEY, LOIS
Address: 534 MINNOW CT
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: COLLINS, SANDRA
Address: 765 VICKERS ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: VICKERS, STONEY
Address: 705 VICKERS ROAD
City-St-Zip: KENANSVILLE, FL 34739

I hereby 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 all other like empowered.

SIGNATURE: MYRA MCWHORTER

PD

01/08/2010

Electronic Signature of Signing Officer or Director

Date