

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003527

FILED
Aug 15, 2006
Secretary of State

Entity Name: KEW GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6202 60TH STREET EAST
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

6202 60TH STREET EAST
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 65-0964596 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, JAMES C
6202 60TH STREET EAST
PALMETTO, FL 34221 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: PRES () Delete
Name: ANDERSON, JAMES
Address: 6202 60TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: CONNELLEY, ARTHUR
Address: 6203 60TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: SEC () Delete
Name: VERNA, JILL
Address: 6006 63RD AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: TRES () Delete
Name: NELSON, STACY
Address: 6019 60TH PLACE EAST
City-St-Zip: PALMETTO, FL 34221

Title: DIR () Delete
Name: PENSIVY, RICK
Address: 6110 61ST STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: DIR () Delete
Name: CARROLL, PAM
Address: 6015 60TH PLACE EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TRES (X) Change () Addition
Name: MONTGOMERIE, BELINDA
Address: 6002 60TH ST E
City-St-Zip: PALMETTO, FL 34221

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 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: JAMES ANDERSON

PRES

08/15/2006

Electronic Signature of Signing Officer or Director

Date