

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90037 029 \*\*\*\*61.25

<b>DOCUMENT # N99000003527</b> 1. Entity Name <b>KEW GARDENS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6202 60TH STREET EAST PALMETTO, FL 34221 US</b>			Mailing Address <b>6202 60TH STREET EAST PALMETTO, FL 34221 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6002 60th ST. E.</b>		3. Mailing Address <b>6002 60th ST. E.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01192007 Chg-NP CR2E037 (12/06)	
City & State <b>Palmetto, FL</b>		City & State <b>Palmetto, FL 34221</b>		4. FEI Number <b>65-0964596</b>	
Zip <b>34221</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, JAMES C. 6202 60TH STREET EAST PALMETTO, FL 34221</b>		7. Name and Address of New Registered Agent Name <b>Belinda Hicking-Montgomery</b> Street Address (P.O. Box Number is Not Acceptable) <b>6002 60th ST. E.</b> City <b>Palmetto</b> <b>FL</b> Zip Code <b>34221</b>			
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 <b>Belinda Hicking-Montgomery HOA President</b> <b>1-20-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ANDERSON, JAMES 6202 60TH STREET EAST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Belinda Hicking-Montgomery <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6002 60th ST. E. Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELLEY, ARTHUR 6203 60TH STREET EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Kelly Place <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6002 60th Ave. E. Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VERNA, JILL 6006 63RD AVENUE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MONTGOMERIE, BELINDA 6002 60TH ST E PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. Joseph R. Jones <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6009 60th Place E. Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PENSIVY, RICK 6110 61ST STREET EAST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. Alon Edgar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5923 60th Place E. Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CARROLL, PAM 6015 60TH PLACE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Belinda Hicking-Montgomery HOA President 1-20-07 941-722-5420</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					