

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90030 047 ***150.00

DOCUMENT # P98000096457

1. Entity Name
KEENAN DEVELOPMENT GROUP, INC.



Principal Place of Business
1900 W COMMERCIAL BLVD, SUITE 200
FORT LAUDERDALE, FL 33309-3018

Mailing Address
1900 W COMMERCIAL BLVD, SUITE 200
FORT LAUDERDALE, FL 33309-3018

40111004



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHYNOWETH, DALE
STREET ADDRESS 1900 W COMMERCIAL BLVD, STE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D
NAME KEENAN, WILLIAM
STREET ADDRESS 1900 W COMMERCIAL BLVD, STE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE V P A D
NAME HOGUE, CHANTAL
STREET ADDRESS 1900 W COMMERCIAL BLVD STE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

Date

Daytime Phone #

VP Admin. Separation 04-25-2007 954-776-6200