

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001987

Entity Name: KEL-BREN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1800 PASS-A-GRILLE WAY
#4
ST. PETE BEACH, FL 33706**Current Mailing Address:**1800 PASS-A-GRILLE WAY
#4
ST. PETE BEACH, FL 33706**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACON, DAVID A
2959 1ST AVE N
ST PETERSBURG, FL 33733 US*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**Officer/Director Detail :**

Title	PD
Name	ROSS, KENT
Address	1800 PASS-A-GRILLE WAY ,#4
City-State-Zip:	ST PETE BEACH FL 33706

Title	D
Name	STEWART, MICHAEL
Address	1800 PASS-A-GRILLE WAY
City-State-Zip:	ST PETE BEACH FL 33706

Title	D
Name	COMBS, LEWIS
Address	1800 PASS-A-GRILLE WAY
City-State-Zip:	ST PETE BEACH FL 33706

Title	D
Name	RHINES, JUDY
Address	1800 PASS-A-GRILLE WAY
City-State-Zip:	SAINT PETE BEACH FL 33706

Title	D
Name	LOVALLO, FRANCES
Address	1800 PASS-A-GRILLE WAY
City-State-Zip:	SAINT PETE BEACH FL 33706

Title	PRESIDENT
Name	ROSS, KENT V
Address	1800 PASS-A-GRILLEWAY #4
City-State-Zip:	ST. PETE BEACH FL 33706

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: KENT V. ROSS**MANAGER****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date