2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2006 8:00 am Secretary of State DOCUMENT # N94000004991 1. Entity Name 05-03-2006 90220 004 ****61.25 KELSTON LANE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4400 NW 36TH AVE 4400 NW 36TH AVE GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3315500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRIPPE, PAT Street Address (P.O. Box Number is Not Acceptable) 4400 NW 36TH AVE GAINESVILLE FL 32606 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees and A second OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Vice President Delete TETL# TITLE Change David Thompson 4317 NW 1012 Place STUART, LINDA NAME NAME STREET ADDRESS 4336 NW 10 PL STREET ADDRESS GAINESVILLE FL 32606 Ganesville, F-L. 32606 CITY-ST-ZIP CITY-ST-ZiP secretary TITLE Delete TITLE ☐ Change X Addition Erin Brewer 4308 NU 10+2 Place Gainesville, FL 3: THOMPSON, CYNTHIA NAME NAME 4317 NW 10TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Director ☐ Change ☐ Delete Joanne Dover BENNETT, CARROLL NAME NAME STREET ADDRESS 4311 NW 10 PL. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-7IP Gainesville, Fr. 32606 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CITY-ST-ZIP

SIGNATURE:

4/25/06

FILED

357.373,5879