

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90419 028 \*\*\*\*61.25

**DOCUMENT # 727389**

1. Entity Name  
**KELSO COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

2582 S. MAGUIRE RD  
318  
OCOE, FL 34761

Mailing Address

2582 S. MAGUIRE RD  
318  
OCOE, FL 34761



04282006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1772938**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SOLOMON, SPENCER  
113 DESIREE AURORA ST.  
WINTER GARDEN, FL 34787

**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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SORVARI, JUNAID
STREET ADDRESS	1338 KELSO BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	S
NAME	HALL, JOANN
STREET ADDRESS	1407 KELSO BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	DT
NAME	STRICKLAND, JOEL
STREET ADDRESS	5624 W. LAKE BUTLER BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VP
NAME	MIESEL, VICTOR
STREET ADDRESS	1455 KELSO BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	BRENNAN, CATHERINE M
STREET ADDRESS	1216 KELSO BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	JONES, ANDREW
STREET ADDRESS	1216 KELSO BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786

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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 reports 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 titles empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06 407-694-5785