
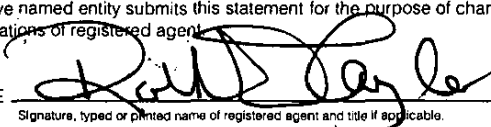
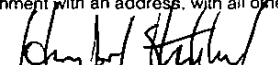


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90068 028 \*\*\*\*61.25

<b>DOCUMENT # 727389</b> 1. Entity Name <b>KELSO COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>2582 S. MAGUIRE RD</b> <b>318</b> <b>OCFEE, FL 34761</b>			Mailing Address <b>2582 S. MAGUIRE RD</b> <b>318</b> <b>OCFEE, FL 34761</b>		
2. Principal Place of Business - No P.O. Box # <b>1338 KELSO BLVD</b>		3. Mailing Address <b>PO BOX 0774</b> Suite, Apt. #, etc. <b>40 LIGHTHOUSE MGMT.</b>			
City & State <b>WINDERMERE, FL</b>		City & State <b>WINDERMERE, FL</b>		4. FEI Number <b>59-1772938</b>	
Zip <b>34786</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>SOLOMON SPENCER</b> <b>113 DESIREE AURORA ST.</b> <b>WINTER GARDEN, FL 34787</b>				7. Name and Address of New Registered Agent Name <b>Robert L. Taylor, Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 Concourse Pkwy, S, # 105</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</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  DATE <b>4/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>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</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>P</b>	NAME <b>SORVARI, JUNAID</b>		TITLE <b>SARVARI, JUNAID</b>	NAME <b>SARVARI, JUNAID</b>	
STREET ADDRESS <b>1338 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>		STREET ADDRESS <b>1338 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>S</b>	NAME <b>HALL, JOANN</b>		TITLE <b>S</b>	NAME <b>HALL, JOANN</b>	
STREET ADDRESS <b>1407 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>		STREET ADDRESS <b>1407 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>DT</b>	NAME <b>STRICKLAND, JOEL</b>		TITLE <b>DT</b>	NAME <b>STRICKLAND, JOEL</b>	
STREET ADDRESS <b>5624 W. LAKE BUTLER BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>		STREET ADDRESS <b>5624 W. LAKE BUTLER BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>VP</b>	NAME <b>MIESEL, VICTOR</b>		TITLE <b>VP D</b>	NAME <b>KARRAKER, CAROLYN</b>	
STREET ADDRESS <b>1455 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>		STREET ADDRESS <b>1302 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>D</b>	NAME <b>BRENNAN, CATHERINE M</b>		TITLE <b>D</b>	NAME <b>CACCIATORE, BROWNA</b>	
STREET ADDRESS <b>1216 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>		STREET ADDRESS <b>1468 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>D</b>	NAME <b>JONES, ANDREW</b>		TITLE <b>D</b>	NAME <b>BILHEUX, ANDRE</b>	
STREET ADDRESS <b>1216 KELSO BLVD</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>		STREET ADDRESS <b>5717 W. LAKE BUTLER BLVD,</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
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:</b>  <b>Andrew Jones, Treasurer</b> <b>4/6/07</b> <b>407.656.5298</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					