


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 759851		
1. Entity Name LAKE KILLARNEY CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 151 N ORLANDO AVENUE WINTER PARK, FL 32789 US	Mailing Address 151 N ORLANDO AVENUE WINTER PARK, FL 32789 US	



01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1498525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEAN, PAUL L ESQ. 646 E. COLONIAL DRIVE ORLANDO, FL 32803
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHRECK, WILLIAM 2051 LYNWOOD LANE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIEBENACK, HEATHER 151 N. ORLANDO AVE. #131 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEPER, PAULA 285 RIPLING LANE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICENTE, JAVIER 2564 STONEVIEW RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORENELO, MICHAEL 571 LAKEFRONT BLVD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/07-80029-012 61.25

**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 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.

SIGNATURE:

Paula Leeper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07
Date

(407) 404-4444
Daytime Phone #