2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 759851

Entity Name: LAKE KILLARNEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

151 N ORLANDO AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

151 N ORLANDO AVENUE
OFFICE
WINTER PARK, FL 32789 US

Current Mailing Address:

151 N ORLANDO AVENUE
WINTER PARK, FL 32789 US

New Mailing Address:

151 N ORLANDO AVENUE
OFFICE
WINTER PARK, FL 32789 US

FEI Number: 59-1498525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAN, PAUL L ESQ.
646 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: SCHWEIZER, BRUCE N
Address: 1002 SILVER PALM LANE
City-St-Zip: MAITLAND, FL 32751 US

Title: SD ( ) Delete
Name: RIEBENACK, HEATHER
Address: 151 N. ORLANDO AVE. #131
City-St-Zip: WINTER PARK, FL 32789 US

Title: PD ( ) Delete
Name: WHITTAKER, SARAH
Address: 151 NORTH ORLANDO AVENUE, # 236
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: VICENTE, JAVIER
Address: 2564 STONEVIEW RD
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete
Name: GRAVES, THOMAS A
Address: 670 LAKE AVENUE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: WHITAKER, SARAH
Address: 151 NORTH ORLANDO AVENUE, # 236
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change ( ) Addition
Name: DOLNEY, THOMAS S
Address: 151 N. ORLANDO AVENUE, UNIT 234
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS A. GRAVES TD 04/01/2009

Electronic Signature of Signing Officer or Director — Date