

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90148 021 ****70.00

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1. Entity Name

KELLWOOD VILLAGE OWNERS ASSOCIATION, INC.



Principal Place of Business

4205 OLD ROAD 37
#62
LAKE LAND FL 33813-1552

Mailing Address

KELLWOOD VILLAGE
4205 OLD ROAD 37, UNIT 62
LAKE LAND FL 33813-1552
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2285547

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, PATTI A.
4205 OLD ROAD 37
UNIT 37
LAKE LAND FL 33813-1550

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEEKES, CAROL	
STREET ADDRESS	4205 OLD ROAD 37 UNIT 8	
CITY- ST- ZIP	LAKE LAND FL 33813-1549	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, PATTI A.	
STREET ADDRESS	4205 OLD ROAD 37 UNIT 37	
CITY- ST- ZIP	LAKE LAND FL 33813	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHESSER, LARRY	
STREET ADDRESS	4205 OLD ROAD 37 UNIT 52	
CITY- ST- ZIP	LAKE LAND FL 33813-1552	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLIZNYAKOV, DIMITRIY	
STREET ADDRESS	4205 OLD RD, 37 UNIT 39	
CITY- ST- ZIP	LAKE LAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSON, LINDA	
STREET ADDRESS	3447 MYRTLE HILL DR EAST	
CITY- ST- ZIP	LAKE LAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, SHARON	
STREET ADDRESS	4205 OLD RD 37, UNIT 39	
CITY- ST- ZIP	LAKE LAND FL 33813	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Rick Matheney	
STREET ADDRESS	4205 OLD Rd 37 # 14	
CITY- ST- ZIP	Lakeland, FL 33813	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Hagan	
STREET ADDRESS	4205 OLD Rd 37 # 3	
CITY- ST- ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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.

SIGNATURE:

Patti A. Smith

Treasurer

PATTI A. Smith 3/27/07

863-647-0127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #