

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766999

FILED  
Mar 30, 2008  
Secretary of State

Entity Name: KELLWOOD VILLAGE OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

4205 OLD ROAD 37  
#62  
LAKELAND, FL 338131552

## New Principal Place of Business:

## Current Mailing Address:

KELLWOOD VILLAGE  
4205 OLD ROAD 37, UNIT 62  
LAKELAND, FL 338131552 US

## New Mailing Address:

FEI Number: 59-2285547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, PATTI A.  
4205 OLD ROAD 37  
UNIT 37  
LAKELAND, FL 338131550 US

## Name and Address of New Registered Agent:

INGLE, DONNA A  
4205 OLD ROAD 37  
UNIT 38  
LAKELAND, FL 33813 US

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: DONNA M. INGLE

03/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATHENSEN, RICK  
Address: 4205 OLD RD 307 #14  
City-St-Zip: LAKELAND, FL 338131549

Title: TD ( ) Delete  
Name: SMITH, PATTI A.  
Address: 4205 OLDROAD 37 UNIT 37  
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete  
Name: CHESSER, LARRY  
Address: 4205 OLD ROAD 37 UNIT 52  
City-St-Zip: LAKELAND, FL 338131552

Title: D (X) Delete  
Name: HAGAN, LAURA  
Address: 4205 OLD RD 37 #3  
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete  
Name: WHEELER, SHARON  
Address: 4205 OLD RD 37, UNIT 39  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change ( ) Addition  
Name: BRYAN, THURMAN  
Address: 4205 OLD RD 37 #24  
City-St-Zip: LAKELAND, FL 33813

Title: SO (X) Change ( ) Addition  
Name: WHEELER, SHARON  
Address: 4205 OLDROAD 37 UNIT 39  
City-St-Zip: LAKELAND, FL 33813

Title: TO (X) Change ( ) Addition  
Name: INGLE, DONNA  
Address: 4205 OLD ROAD 37 UNIT 38  
City-St-Zip: LAKELAND, FL 338131552

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

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: DONNA INGLE

TO

03/30/2008

Electronic Signature of Signing Officer or Director

Date