

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 770694

1. Entity Name
KELLSMONT OWNERS ASSOCIATION, INC.



Principal Place of Business
**1223 KELLS CRT
LAKELAND, FL 33813-1265**

Mailing Address
**3943 CHEVERLY DR. E.
LAKELAND, FL 33813-1265 US**



03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2871828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOLCOM, JIM
1223 KELLS COURT
LAKELAND, FL 33813**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	D HOLCOM, JIM 1223 KELLS CT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUIN, KEVIN 1119 KELLS CT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, WILLIAM L 3943 CHEVERLY DR E LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRKHOOD, CHRISTY 1125 KELLS CT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELHINNEY, BOB 3425 CHEVERLY DRIVE EAST LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACQUEEN, ALAN 3906 CANYON LAKE POINT LAKELAND, FL 33813

U00000683550
04/05/07-80049-009 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:

William L. Jackson **WILLIAM L. JACKSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/07 (863)647-4698
Date Daytime Phone #