2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770694

FILED Feb 20, 2009 Secretary of State

Entity Name: KELLSMONT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1223 KELLS CRT LAKELAND, FL 338131265				1223 KELLS COURT LAKELAND, FL 338131265	
Current Mailing Address:			New Maili	New Mailing Address:	
3943 CHEVERLY DR. E. LAKELAND, FL 338131265 US				4039 CHEVERLY DR. E. LAKELAND, FL 338131265 US	
FEI Number:	: 59-2871828	FEI Number Applied For ()	FEI Number Not App	Olicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:	
LAKELANI	S COURT D, FL 33813	US submits this statement for the pu	irpose of changing i	its registered office or registered agent, or both,	
in the State	e of Florida.				
SIGNATUF					
	Electror	nic Signature of Registered Ager	nt	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () HOLCOM, JIM 1223 KELLS C' LAKELAND, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () ALLEY, PAUL 3924 CANYON LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () JACKSON, WIL 3943 CHEVERI LAKELAND, FL	Y DR E	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SANCHEZ, PATRICIA 4039 CHEVERLY DR E LAKELAND, FL 33813	
Title: Name: Address: City-St-Zip:	SD () BIRKHOLD, CH 1125 KELLS C' LAKELAND, FL	Т	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition PALMER, SHARON 3930 CANYON LAKE POINT LAKELAND, FL 33813	
Title: Name: Address: City-St-Zip:	MCELHINNEY,	Y DRIVE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () MACQUEEN, A 3906 CANYON LAKELAND, FL	LAKE POINT	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition GREEN, JAMES 3949 CHEVERLY DRIVE EAST LAKELAND, FL 33813	

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: PATRICIA SANCHEZ TREA 02/20/2009