2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90023 045 ****61.25

DOCUMENT # N02000003865

1. Entity Name

LAKE KILLARNEY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
399 CAROLINA AVENUE SUITE 100 WINTER PARK FL 32789	399 CAROLINA AVENUE SUITE 100 WINTER PARK FL 32789

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
145 N. KILLARNEY DR.	145 N. KILLARNEY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: U.S.	Zip: 32789 Country: U.S.

4. FEI Number: 43-1960917 ☐ 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
MITCHELL, JOHN C 399 CAROLINA AVENUE SUITE 100 WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable): 145 N. KILLARNEY DR. City: WINTER PARK FL Zip Code: 32789

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: JOHN C. MITCHELL, DIRECTOR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARSHOW, ISAAC 2361 ROXBURY RD WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWNLEE, TOM 200 CAMBRIDGE BLVD WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, JOHN C 143 N KILLARNEY DR WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 145 N. KILLARNEY DR, WINTER PARK, FL 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: JOHN C. MITCHELL 407.622.2100