

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                       |                                                                                     |                                                                      |                                                                                                                   |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # N03000004638</b><br>1. Entity Name<br><b>KESTRAL CIRCLE OWNERS ASSOCIATION, INC.</b>                                                                                                                            |                                                                       |                                                                                     |                                                                      |                                                                                                                   |                                                              |
| Principal Place of Business<br><b>9080 KESTRAL CIRCLE<br/>ENGLEWOOD FL 34224</b>                                                                                                                                              |                                                                       |                                                                                     | Mailing Address<br><b>9080 KESTRAL CIRCLE<br/>ENGLEWOOD FL 34224</b> |                                                                                                                   |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                      |                                                                                                                   |                                                              |
| City & State                                                                                                                                                                                                                  |                                                                       | City & State                                                                        |                                                                      |                                                                                                                   |                                                              |
| Zip                                                                                                                                                                                                                           |                                                                       | Zip                                                                                 |                                                                      |                                                                                                                   |                                                              |
| Country                                                                                                                                                                                                                       |                                                                       | Country                                                                             |                                                                      | 4. FEI Number<br><b>56-2358732</b>                                                                                |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                       |                                                                                     |                                                                      | Applied For<br>Not Applicable                                                                                     |                                                              |
| 5. Name and Address of Current Registered Agent<br><br><b>WOLLENBECKER, DONALD E<br/>9080 KESTRAL CIRCLE<br/>ENGLEWOOD FL 34224</b>                                                                                           |                                                                       |                                                                                     |                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                              |
| 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. |                                                                       |                                                                                     |                                                                      | FL Zip Code                                                                                                       |                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>                                                |                                                                       |                                                                                     |                                                                      |                                                                                                                   |                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                        |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                      | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                            |                                                              |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                  |                                                                       |                                                                                     |                                                                      |                                                                                                                   |                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |                                                                                                                   |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | V<br>RYSER, JAN<br>9123 KESTRAL CIR<br>ENGLEWOOD FL 34224             | <input type="checkbox"/> Delete                                                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>ELDRIDGE, JIM<br>9032 KESTRAL CIR<br>ENGLEWOOD FL 34224          | <input type="checkbox"/> Delete                                                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | S<br>RYSER, JAN<br>9123 KESTRAL CIR<br>ENGLEWOOD FL 34224             | <input type="checkbox"/> Delete                                                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | T<br>WOLLENBICKER, DONALD E<br>9080 KESTRAL CIR<br>ENGLEWOOD FL 34224 | <input type="checkbox"/> Delete                                                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | P<br>CHASTON, WILLIAM<br>9110 KESTRAL CIRCLE<br>ENGLEWOOD FL 34224    | <input type="checkbox"/> Delete                                                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete                                                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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.

941-697-9994