


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90073 047 \*\*\*\*61.25

|   |         |     |   |   |  |
|---|---------|-----|---|---|--|
| <b>DOCUMENT # N03000004638</b>  |         |     |   |  |  |
| 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 - No P.O. Box #  |         |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |         |     | Suite, Apt. #, etc.   |   |  |
| City & State  |         |     | City & State  |   |  |
| Zip   | Country | Zip | Country   | 4. FEI Number<br><b>56-2358732</b>  |  |
|   |         |     |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |         |     |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. 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<br><b>FL</b> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small> DATE _____  |         |     |   |   |  |

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>RYSER, JAN<br>9123 KESTRAL CIR<br>ENGLEWOOD FL 34224              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V. AULTON ST LOUIS<br>9117 KESTRAL CIRCLE<br>ENGLEWOOD FL 34224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ELDRIDGE, JIM<br>9032 KESTRAL CIR<br>ENGLEWOOD FL 34224           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D. JOHN BEMENT  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Addition            |
| 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"/> Addition            |
| 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"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Donald E. Wollenbecker* **DONALD E. WOLLENBECKER** 3-28-07 941-697-8984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #