

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004638

FILED
Apr 08, 2009
Secretary of State

Entity Name: KESTRAL CIRCLE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9080 KESTRAL CIRCLE
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

9080 KESTRAL CIRCLE
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 56-2358732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLENBECKER, DONALD E
9080 KESTRAL CIRCLE
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CARELLA, VINCENT M
Address: 9089 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: BEMENT, JOHN
Address: 9032 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

Title: S () Delete
Name: ELDRIDGE, SUE
Address: 9032 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Delete
Name: WOLLENBICKER, DONALD E
Address: 9080 KESTRAL CIR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: P () Delete
Name: ST. LOUIS, AUTHOR
Address: 9117 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: MUSCARELLA, VINCENT M
Address: 9039 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

Title: MR (X) Change () Addition
Name: BEMENT, JOHN
Address: 9092 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

Title: MRS (X) Change () Addition
Name: ELDRIDGE, SUE
Address: 9032 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

Title: MR (X) Change () Addition
Name: WOLLENBICKER, DONALD E
Address: 9080 KESTRAL CIR.
City-St-Zip: ENGLEWOOD, FL 34224

Title: MR (X) Change () Addition
Name: ST. LOUIS, AUTHOR
Address: 9117 KESTRAL CIR
City-St-Zip: ENGLEWOOD, FL 34224

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: SUE ELDRIDGE

MRS

04/08/2009

Electronic Signature of Signing Officer or Director

Date