2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N04069

Entity Name: THE KAHLER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3225 ST JOHN AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

3225 ST JOHNS AVENUE
JACKSONVILLE, FL 32205 US

Current Mailing Address:

3225 ST. JOHNS AVE.
UNIT F
JACKSONVILLE, FL 32205

New Mailing Address:

3225 ST JOHNS AVENUE
JACKSONVILLE, FL 32205 US

FEI Number: 59-2429840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINNIFRED, BAILET
3225 ST. JOHNS AVENUE
UNIT D
JACKSONVILLE, FL 32205 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:	PD	( ) Delete
Name:	WINIFRED, BAILET	
Address:	3225 ST JOHNS AVE. UNIT D	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	T	( ) Delete
Name:	GALLACHER, MARY	
Address:	3225 ST JOHNS AVE. UNIT F	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	VD	( ) Delete
Name:	MONROE, MARY	
Address:	3225 ST JOHNS AVE. UNIT C	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	SD	( ) Delete
Name:	BOOTH, SUZY	
Address:	3225 ST. JOHNS AVE #B	
City-St-Zip:	JACKSONVILLE, FL 32205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	GALLACHER, THOMAS	
Address:	3225 ST JOHNS AVE. UNIT F	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	BOOTH, SUZY	
Address:	3225 ST. JOHNS AVE UNIT B	
City-St-Zip:	JACKSONVILLE, FL 32205	

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: THOMAS GALLACHER TR 04/18/2009

Electronic Signature of Signing Officer or Director — Date