## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 21, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N05000009 KET WALK CONDOMINIUN		CIATION, IN	IC.			04-21-2008	3 90069 0:	34 ****6	01.25
Principal Plac	Address NW 43 ST.									
В										
GAINESVILLE, FL 32653 GAINESVILLE, FL 32				)						
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address					<b>                                 </b>	9 1419) (9141))I	U01
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number	18473	5	ļ	oplied For ot Applicable	
Zip	Country		Zip Co		ıntry	30 −3/84735 Not A  5. Certificate of Status Desired See Required Fee Required			ditional	
	6. Name and Address of Current	Registere	d Agent	I		7. Name and A	ddress of New I		•	
HOUDERS	SHELT, DEBBIE				Name					
C/O BOSSHARDT PROPERTTY MANAGEMENT INC 5522-B NW 43 ST.					Street Addre	ess (P.O. Box Number	is Not Acceptabl	e)		
	ILLE, FL 32653									
			City					FL	Zip Code	e
	e named entity submits this statement for tions of registered agent.	or the purpo	ose of changing its	register	ed office or reg	istered agent, or both,	in the State of Fl	orida. I am fa	amiliar with,	and accept
2121125	: :									
SIGNATURE										
	Signature, typed or printed name of registered agent	and trie if appl	cable. (NOT	E: Registere	d Agent signature rec	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and title if appl	9. Election Car Trust Fund (	mpaign F	inancing	\$5.00 May Be Added to Fees		DATE Make check rida Depart		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII		9. Election Car Trust Fund (	mpaign F Contribut	Financing ion.	\$5.00 May Be	Fio	lake check rida Depart	ment of SI	tate
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Indicated on this report or supplied with rist lining does not qualify for the exemptions contained in Chapter 119, Florida Statutes: I termer certify that the information indicated on this report or suppliemental 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR