

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012634

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** KILGORE DUPLEXES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2501 KILGORE STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

2501 KILGORE STREET  
ORLANDO, FL 32803

**New Mailing Address:**

PO BOX 536782  
ORLANDO, FL 32853

**FEI Number:** 20-4209248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASTERCHIK, MARGARET  
2501 KILGORE STREET  
ORLANDO, FL 32803 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: MS  
Name: PASTERCHIK, MARGARET  
Address: 2501 KILGORE STREET  
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: MARGARET PASTERCHIK

OFC

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date