# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# N16034

**Entity Name:** LAKE KILLARNEY CONDOMINIUM OF TALLAHASSEE, A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2417 MERRIGAN PLACE
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

2417 MERRIGAN PLACE
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number: 59-2779298** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KILFEATHER, MARY F
2417 MERRIGAN PLACE
TALLAHASSEE, FL 32309 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: D ( ) Delete
Name: GERARD, RON
Address: 2413 MERRIGAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: GERARD, MICKEY
Address: 2413 MERRIGAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete
Name: KILFEATHER, MARY F
Address: 2417 MERRIGAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: YEATS, PADRAIG
Address: 2419 MERRIGAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete
Name: STOLTZ, SHANNAN
Address: 2415 MERRIGAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARY KILFEATHER PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date