2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N17536

Entity Name: KELLYWOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9829 KENAI DR
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

9829 KENAI DR
TALLAHASSEE, FL 32311 US

New Mailing Address:

FEI Number: 59-2813776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STINSON, TAMMY
9829 KENAI DR
TALLAHASSEE, FL 32311 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:	P	( ) Delete
Name:	MURPHY, PAULA M	
Address:	5584 KENA CT	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	VP	( ) Delete
Name:	SANDERSON, LISA	
Address:	9835 KENAI DR	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	ST	( ) Delete
Name:	STINSON, TAMMY	
Address:	9829 KENAI DR	
City-St-Zip:	TALLAHASSEE, FL 32311 US	
Title:	D	( ) Delete
Name:	JENKINS, KEVIN	
Address:	5560 KENAI CT	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	D	( ) Delete
Name:	ADAMS, JIMMY	
Address:	5577 KODIAC COURT	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	D	( ) Delete
Name:	ANDERSON, ROBERT	
Address:	9838 KENAI DR	
City-St-Zip:	TALLAHASSEE, FL 32311	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	ANDERSON, ROBERT R SR	
Address:	9838 KENAI DR	
City-St-Zip:	TALLAHASSEE, FL 32311	
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 for the exemption stated in Section 119.07(3)(i), 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: TAMMY STINSON S/T 04/24/2005

Electronic Signature of Signing Officer or Director — Date