

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17536

FILED  
Aug 29, 2008  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: ANDERSON, ROBERT R SR  
Address: 9838 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: ( ) 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: TAMMY STINSON

TRES

08/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date