

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17536

FILED
Jun 16, 2009
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: ST (X) Change () Addition
Name: STINSON, TAMMY K
Address: 9829 KENAI DR
City-St-Zip: TALLAHASSEE, FL 32311 US

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 K STINSON

ST

06/16/2009

Electronic Signature of Signing Officer or Director

Date