2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# N34587

Entity Name: KILLALOE BY THE LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2997657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: BEAUDOIN, RUSSELL
Address: 1020 BELFAST PL S
City-St-Zip: CHULUOTA, FL 32766

Title: VPD ( ) Delete
Name: COHEN, RANDALL
Address: 2460 KILDARE DR
City-St-Zip: OVIEDO, FL 32766

Title: SD ( ) Delete
Name: EVANS, DIANE
Address: 781 BELFAST PL N
City-St-Zip: CHULUOTA, FL 32766

Title: TD ( ) Delete
Name: BENTZ, DAVID
Address: 1101 KILLALOE TERR
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete
Name: WEBSTER, SHANNON
Address: 3752 BEACONTREE PL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WEBBER, SHANNON
Address: 3752 BEACONTREE PL
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition
Name: TRENZ, CARL
Address: 2221 KILDARE DR
City-St-Zip: OVIEDO, FL 32766

Title: SD (X) Change ( ) Addition
Name: QUAIL, LORENE
Address: PO BOX 660608
City-St-Zip: CHULUOTA, FL 32766

Title: TD (X) Change ( ) Addition
Name: LITTLE, DAVID
Address: 921 BELFAST PL S
City-St-Zip: CHULUOTA, FL 32766

Title: D (X) Change ( ) Addition
Name: SHORTEN, MELISSA
Address: 2440 KILDARE DR
City-St-Zip: CHULUOTA, FL 32766

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: SHANNON WEBSTER PD 03/29/2005

Electronic Signature of Signing Officer or Director — Date