

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34587

FILED
Apr 09, 2007
Secretary of State

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: SHORTEN, LISA
Address: 2440 KILDARE DR
City-St-Zip: CHULUOTA, FL 32766

Title: VPD () Delete
Name: BLAKESLEE, LISA
Address: 2421 KILDARE DR
City-St-Zip: CHULUOTA, FL 32766

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

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

Title: D (X) Delete
Name: FOLSE, LUANA
Address: 2320 KILDARE DR
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOLSE, LUANA
Address: 2320 KILDARE DR
City-St-Zip: CHULUOTA, FL 32766

Title: VPD (X) Change () Addition
Name: SMITH, THERESA
Address: 2240 KILDARE DR
City-St-Zip: CHULUOTA, FL 32766

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

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 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: LUANA FOLSE

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date