

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34587

FILED  
Apr 15, 2008  
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: FOLSE, LUANA  
Address: 2320 KILDARE DR  
City-St-Zip: CHULUOTA, FL 32766

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: IACONO, GAIL  
Address: 740 BELFAST PL N  
City-St-Zip: CHULUOTA, FL 32766

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

Title: TD (X) Change ( ) Addition  
Name: GAUTHIER, STEPHEN  
Address: 1121 KILLALOE TER  
City-St-Zip: CHULUOTA, FL 32766

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: GAIL IACONO

PD

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date