


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N43728

1. Entity Name
KAWILLA CREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**4559 KAWILLA CREST PLACE
WINTER PARK, FL 32792 US** **1900 CYRIL COURT
WINTER PARK, FL 32792**



02172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3088325 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZADA, C.R.
4559 KAWILLA CREST PLACE
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IKERD, CHRIS 4571 KAWILLA CREST PLACE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUZADA, TITA M 4559 KAWILLA CREST PLACE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINTANA, ANA H 1900 CYRIL CT. WINTER PARK, FL 32792
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03/20/06-80028-UIW 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: ANA H. QUINTANA (ANA H. Quintana) Treasurer 3/7/06 (407)677-5324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #