


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43728</b> 1. Entity Name KAWILLA CREST HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4559 KAWILLA CREST PLACE WINTER PARK, FL 32792 US	Mailing Address 1900 CYRIL COURT WINTER PARK, FL 32792
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02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3088325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

000000831656  
 02/27/08-80026-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELL, JEFF 4579 KAWILLACREST 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, TD 3/15/08 407 677 5324

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