2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N50939

Entity Name: LAKE KELL CROSSING PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

302 LAKE KELL COURT
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

302 LAKE KELL COURT
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3147390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

E-BURGER, MICHAEL
302 LAKE KELL COURT
LUTZ, FL 33549 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:	BURGER, MICHAEL E	
Address:	302 LAKE KELL COURT	
City-St-Zip:	LUTZ, FL 33549	
Title:	VPD	( ) Delete
Name:	RAMSEY, DON	
Address:	304 LAKE KELL COURT	
City-St-Zip:	LUTZ, FL 33549	
Title:	TSD	( ) Delete
Name:	DEWDNEY, KAY	
Address:	303 LAKE NELL COURT	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	WELLS, WALTON	
Address:	314 LAKE KELL COURT	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	MORSE, LORI	
Address:	311 LAKE KELL COURT	
City-St-Zip:	LUTZ, FL 33549	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TSD	(X) Change ( ) Addition
Name:	BURGER, MICHAEL	
Address:	302 LAKE KELL COURT	
City-St-Zip:	LUTZ, FL 33549	
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 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: MICHAEL E BURGER PD 05/01/2009
Electronic Signature of Signing Officer or Director — Date