


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

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90379 004 \*\*\*\*61.25

<b>DOCUMENT # N93000001343</b> 1. Entity Name RESIDENT HOMEOWNERS OF KELL-AIRE, INC.	
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Principal Place of Business 315 SPANISH MOSS TRAIL DESTIN, FL 32541	Mailing Address P O BOX 5099 DESTIN, FL 32540 US
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04222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FOREMAN, JAMES R 315 SPANISH MOSS TRAIL DESTIN, FL 32541	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D KLINE, KEITH 302 HOLLY STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D MAGUIRE, JUDY 316 SPANISH MOSS TRAIL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LEIRER, WALT 881 KELL-AIRE DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D WEIDENHAMER, THOMAS E 808 WILD OAK AVENUE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Thomas E Weidenhamer, Treas. 04/25/2008 8508373190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #