FILE NOW: FILING FEE IS $61.25

FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004991 (5)**

1. Corporation Name

KELSTON LANE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2321 NW 41ST STREET SUITE A-2 GAINESVILLE FL 32606	2321 NW 41ST STREET SUITE A-2 GAINESVILLE FL 32606-7474

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business
21: 2830 NW 41 St.
22 Suite, Apt. #, etc.: Suite F
23 City & State: Gainesville, FL.
24 Zip: 32606
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3315500 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPAIN, SUSAN B
2321 NW 41ST STREET
SUITE A-2
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Smith, Beverly K.
82 Street Address (P.O. Box Number is Not Acceptable): 2830 NW 41 St.
83: Suite F
84 City: Gainesville, 85 FL Zip Code: 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Beverly K Smith 4-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SPAIN, SUSAN B		1.2 NAME	Nicholson, Donald	
STREET ADDRESS	2321 NW 41ST STREET		1.3 STREET ADDRESS	4338 NW 11 Pl.	
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP	Gainesville, FL. 32606	
TITLE	VSTD	☒ DELETE	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	SPAIN, THOMAS C		2.2 NAME	Spain, Anne	
STREET ADDRESS	2321 NW 41ST STREET		2.3 STREET ADDRESS	4323 NW 11 Pl.	
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP	Gainesville, FL. 32606	
TITLE	D	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	WALLACE, HOWARD K		3.2 NAME	Bennett, Sue	
STREET ADDRESS	4509 NW 23RD AVE #16		3.3 STREET ADDRESS	4311 NW 10 Pl.	
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP	Gainesville, FL. 32606	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/22/97

Daytime Phone # 0010995