

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90220 004 ****61.25

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1. Entity Name

KELSTON LANE OWNERS ASSOCIATION, INC.



Principal Place of Business

4400 NW 36TH AVE
GAINESVILLE FL 32606
US

Mailing Address

4400 NW 36TH AVE
GAINESVILLE FL 32606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3315500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
4400 NW 36TH AVE
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME STUART, LINDA
STREET ADDRESS 4336 NW 10 PL
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VSD ☒ Delete
NAME THOMPSON, CYNTHIA
STREET ADDRESS 4317 NW 10TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE P ☐ Delete
NAME BENNETT, CARROLL
STREET ADDRESS 4311 NW 10 PL
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President ☐ Change ☒ Addition
NAME David Thompson
STREET ADDRESS 4317 NW 10th Place
CITY-ST-ZIP Gainesville, FL 32606

TITLE Secretary ☐ Change ☒ Addition
NAME Erin Brewer
STREET ADDRESS 4308 NW 10th Place
CITY-ST-ZIP Gainesville, FL 32606

TITLE Director ☐ Change ☒ Addition
NAME Joanne Dover
STREET ADDRESS 4335 NW 10th Place
CITY-ST-ZIP Gainesville, FL 32606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carroll H. Bennett

4/25/06 352.373.5879