

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90183 015 \*\*\*\*61.25

**DOCUMENT # N94000004991**

1. Entity Name

KELSTON LANE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4400 NW 36TH AVE  
GAINESVILLE FL 32606  
US

4400 NW 36TH AVE  
GAINESVILLE FL 32606  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3315500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

VP ☒ Delete  
NAME: THOMPSON, DAVID  
STREET ADDRESS: 4317 NW 10TH PL  
CITY-ST-ZIP: GAINESVILLE FL 32606

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

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

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

S ☐ Delete  
NAME: BREWER, ERIN  
STREET ADDRESS: 4308 NW 10TH PL  
CITY-ST-ZIP: GAINESVILLE FL 32606

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

D ☐ Delete  
NAME: DOVER, JOANNE  
STREET ADDRESS: 4335 NW 10TH PL  
CITY-ST-ZIP: GAINESVILLE FL 32606

SD ☒ Change ☐ Addition  
NAME: DOVER, JOANNE  
STREET ADDRESS: 4335 NW 10th Place  
CITY-ST-ZIP: Gainesville, FL 32606

☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

D ☐ Change ☒ Addition  
NAME: Gotton, Charles  
STREET ADDRESS: 4334 NW 10th Place  
CITY-ST-ZIP: Gainesville, FL 32606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda Stuart*

4/16/07