


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 039 \*\*\*\*61.25

<b>DOCUMENT # N94000004991</b> 1. Entity Name <b>KELSTON LANE OWNERS ASSOCIATION, INC.</b>					
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 - No P.O. Box # <b>500 NW 43rd Street</b>		3. Mailing Address <b>500 NW 43rd St.</b>			
Suite, Apt. #, etc. <b>Suite 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>			
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>			
Zip <b>32607</b>		Country <b>USA</b>		Zip <b>32607</b>	
Country <b>USA</b>		4. FEI Number <b>59-3315500</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>TRIPPE, PAT</b> <b>4400 NW 36TH AVE</b> <b>GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name <b>Cornerstone Property Solutions of N. Central FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43rd Street</b> Suite <b>Suite 3</b> City <b>Gainesville</b> FL Zip Code <b>32607</b>	
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 <u><i>E. H. Hauffer</i></u> , Pres., <b>Eugene Hauffer</b> DATE <b>4-22-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	<b>T STUART, LINDA</b>				
STREET ADDRESS	<b>4336 NW 10 PL</b>				
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>				
TITLE	<input type="checkbox"/> Delete				
NAME	<b>PVP BENNETT, CARROLL</b>				
STREET ADDRESS	<b>4311 NW 10 PL</b>				
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>				
TITLE	<input type="checkbox"/> Delete				
NAME	<b>VPP BREWER, ERIN</b>				
STREET ADDRESS	<b>4308 NW 10TH PLACE</b>				
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>				
TITLE	<input type="checkbox"/> Delete				
NAME	<b>SD DOVER, JOANNE</b>				
STREET ADDRESS	<b>4335 NW 10TH PL</b>				
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>				
TITLE	<input type="checkbox"/> Delete				
NAME	<b>D GATTON, CHARLES</b>				
STREET ADDRESS	<b>4334 NW 10TH PLACE</b>				
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Erin M Brewer</i></u> DATE <b>4-21-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					