

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N94000004991

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 - No P.O. Box #
500 NW 43rd Street

3. Mailing Address
500 NW 43rd St.

Suite, Apt. #, etc.
Suite 3

City & State
Gainesville FL

Zip
32607

Country
USA

01162008 Chg-NP CR2E037 (12/06)

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
 TRIPPE, PAT
 4400 NW 36TH AVE
 GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
 Name
Cornerstone Property Solutions of N. Central FL
 Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd Street
 Suite 3
 City
Gainesville FL Zip Code
32607

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 *E. H. Hauffer*, Pres, Eugene Hauffer DATE **4-22-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, LINDA	NAME	
STREET ADDRESS	4336 NW 10 PL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	
TITLE	PVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CARROLL	NAME	
STREET ADDRESS	4311 NW 10 PL.	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	
TITLE	VPP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, ERIN	NAME	
STREET ADDRESS	4308 NW 10TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVER, JOANNE	NAME	
STREET ADDRESS	4335 NW 10TH PL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTON, CHARLES	NAME	
STREET ADDRESS	4334 NW 10TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Erin M Brewer* DATE **4-21-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #