2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003470

FILED Jan 16, 2007 Secretary of State

Entity Name: KYLEMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5185 KERNWOOD CT. PALM HARBOR, FL 34685 US **Current Mailing Address: New Mailing Address:** PO BOX 494 OLDSMAR, FL 34677 US FEI Number: 59-3328816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COSENZA, CAROLE 5185 KERNWOOD CT. PALM HARBOR, FL 34685 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GOLDSTEIN, MICHAEL GOLDSTEIN, MICHAEL Name: Name: 5130 KARSLBURG PL Address: 5130 KARSLBURG PL Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: PALM HARBOR, FL 34685 US Title: TD Title: () Delete () Change () Addition HYDE, PEGGY Name: Name: Address: 5199 KARLSBURG PL Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: Title: () Delete Title: () Change () Addition COSENZA, CAROLE Name: Name: Address: 5185 KERNWOOD CT Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: SHERRY, GOLDSTEIN Name: Address: 5103 KARLSBURG PL Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: Title: () Delete Title: SD (X) Change () Addition GREGOR, JOHN Name: Name: GREGOR, JOHN 5071 KERNWOOD CT 5071 KERNWOOD CT Address: Address: PALM HARBOR, FL 34685 US City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: Title: () Delete Title: (X) Change () Addition DEMONTIGNY, JOE GAN, KAREN Name: Name: Address: 5140 KARLSBURG PL Address: 5056 KERNWOOD CT PALM HARBOR, FL 34685 US PALM HARBOR, FL 34685 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY HYDE TD 01/16/2007