

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003470

FILED
Jan 09, 2008
Secretary of State

Entity Name: KYLEMONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5185 KERNWOOD CT.
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 494
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3328816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSENZA, CAROLE
5185 KERNWOOD CT.
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GOLDSTEIN, MICHAEL
Address: 5130 KARLSBURG PL
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TD () Delete
Name: HYDE, PEGGY
Address: 5199 KARLSBURG PL
City-St-Zip: PALM HARBOR, FL 34685 US

Title: PD () Delete
Name: COSENZA, CAROLE
Address: 5185 KERNWOOD CT
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VD () Delete
Name: SHERRY, GOLDSTEIN
Address: 5103 KARLSBURG PL
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SD () Delete
Name: GREGOR, JOHN
Address: 5071 KERNWOOD CT
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VD () Delete
Name: DEMONTIGNY, JOE
Address: 5056 KERNWOOD CT
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRIAN, STACY
Address: 5173 KERNWOOD CT
City-St-Zip: PALM HARBOR, FL 34685 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SPINK, AARON
Address: 5032 KERNWOOD CT
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby certify that the information supplied with this filing does not qualify 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

01/09/2008

Electronic Signature of Signing Officer or Director

Date