2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006062

FILED Apr 25, 2009 Secretary of State

Entity Name: KESTRAL POINT NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	-	or Dusiness.		THE WITTER	ipai i lace oi	Dusiness.	
5208 SW 9 [.] SUITE D							
GAINESVIL	LE, FL 32608	US					
Current Mailing Address:				New Mailing Address:			
5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US							
FEI Number:			FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of I	New Registered Agent:	
MANAGEMENT SPECIALIST.COM 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US				CONNER, SARAH AGENT 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US			
The above in the State		ubmits this statement for the pur	pose of	f changing it	s registered o	office or registered agent, or both,	
SIGNATURE: SARAH CONNER, AGENT						04/25/2009	
	Electronic	Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	S () I DARR, NANCY 10170 SW 48TH GAINESVILLE, F			Title: Name: Address: City-St-Zip:	P (X DARR, NANCY 10170 SW 48T GAINESVILLE,	TH PL	
Title: Name: Address: City-St-Zip:	re: BUSH, MICHAEL ress: 10160 SW 48TH PL			Title: Name: Address: City-St-Zip:	D (X) Change () Addition BUSH, MICHAEL 10160 SW 48TH PL GAINESVILLE, FL 32608		
Title: Name: Address: City-St-Zip:	T () [BUCCINRELLI, L 10022 SW 48TH GAINESVILLE, F	PL		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D (OBERG, JOHN 4727 SW 103F GAINESVILLE,	RD TERR	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D (WAGNER, JAN 10150 SW 48T GAINESVILLE,	TH PLACE	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D (SOPONIS, CHU 4730 SW 103F GAINESVILLE,	RD WAY	

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: NANCY DARR PRES 04/25/2009