

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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55 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720377 (1)

1. Corporation Name

KENILWOOD TOWNHOUSE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>02/25/1971                                                                                                                | 3a. Date of Last Report<br>05/01/1994 |
| 4. FEI Number<br>59-1374911                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                               | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                             |                     |                                             |         |
|---------------------------------------------|---------------------|---------------------------------------------|---------|
| Principal Place of Business                 |                     | Mailing Address                             |         |
| 3007 SHAMROCK NORTH<br>TALLAHASSEE FL 32308 |                     | 3007 SHAMROCK NORTH<br>TALLAHASSEE FL 32308 |         |
| 2. Principal Place of Business              | 2a. Mailing Address |                                             |         |
| 21                                          | 26                  |                                             |         |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc. |                                             |         |
| 22                                          | 27                  |                                             |         |
| City & State                                | City & State        |                                             |         |
| 23                                          | 28                  |                                             |         |
| Zip                                         | Country             | Zip                                         | Country |
| 24                                          | 25                  | 29                                          | 30      |

|                                                            |  |                                                                                                     |  |
|------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent            |  | 10. Name and Address of New Registered Agent                                                        |  |
| MARTIN, CAROL<br>4026 ARDARA DRIVE<br>TALLAHASSEE FL 32308 |  | B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable)<br>B3<br>B4 City<br>FL B5 Zip Code |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

|                            |                      |                                                       |                       |
|----------------------------|----------------------|-------------------------------------------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
| TITLE                      | SD                   | 11 TITLE                                              | SD                    |
| NAME                       | TATE, MICHELLE       | 12 NAME                                               | Madsen, Mary          |
| STREET ADDRESS             | 3007 SHAMROCK N 26   | 13 STREET ADDRESS                                     | 3007 Shamrock N. #25  |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 14 CITY-ST-ZIP                                        | Tallahassee, FL 32308 |
| TITLE                      | PD                   | 21 TITLE                                              | RD                    |
| NAME                       | STEVEN, DON          | 22 NAME                                               | Dow, Gordon Steven    |
| STREET ADDRESS             | 3007 SHAMROCK N., 31 | 23 STREET ADDRESS                                     | 3007 Shamrock N. #31  |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 24 CITY-ST-ZIP                                        | Tallahassee, FL 32308 |
| TITLE                      | D                    | 31 TITLE                                              | D                     |
| NAME                       | TUOMISTO, PEGGY      | 32 NAME                                               | Anderson, Eve         |
| STREET ADDRESS             | 3007 SHAMROCK N, 23  | 33 STREET ADDRESS                                     | 3007 Shamrock N. #39  |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 34 CITY-ST-ZIP                                        | Tallahassee, FL 32308 |
| TITLE                      | TD                   | 41 TITLE                                              | TD                    |
| NAME                       | VAUGHN, KEVIN        | 42 NAME                                               | Smith, Dan            |
| STREET ADDRESS             | P.O. BOX 12159       | 43 STREET ADDRESS                                     | 3007 Shamrock N. #21  |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 44 CITY-ST-ZIP                                        | Tallahassee, FL 32308 |
| TITLE                      | D                    | 51 TITLE                                              | D                     |
| NAME                       | ANDERSON, EVA        | 52 NAME                                               | Tragott, Michael      |
| STREET ADDRESS             | 3007 SHAMROCK N., 39 | 53 STREET ADDRESS                                     | 3007 Shamrock N. #40  |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 54 CITY-ST-ZIP                                        | Tallahassee, FL 32308 |
| TITLE                      |                      | 61 TITLE                                              | VFD                   |
| NAME                       |                      | 62 NAME                                               | Chadick, John         |
| STREET ADDRESS             |                      | 63 STREET ADDRESS                                     | 3007 Shamrock N. #9   |
| CITY-ST-ZIP                |                      | 64 CITY-ST-ZIP                                        | Tallahassee, FL 32308 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gordon Steven Dow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

Date

904/893-6114

Office Phone #