

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:43

DOCUMENT # 727957 (3)
1. Corporation Name
KILLEARN LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**7110 BEECH RIDGE TR
TALLAHASSEE FL 32312
US** **7110 BEECH RIDGE TR
TALLAHASSEE FL 32312
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1973** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2751247** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BIRSCHBACH, THOMAS M
7110 BEECH RIDGE TR
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when restoring) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	JOHNSON, MIKE
STREET ADDRESS	7110 BEECH RIDGE TR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	P
NAME	REED, HARRY
STREET ADDRESS	710 BEECH RIDGE TR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	WILLIAMS, DAVID
STREET ADDRESS	3500 KINHEGA DRIVE DELETE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	MCCUE, TERRY
STREET ADDRESS	7110 BEECH RIDGE TR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	LAND, BOB
STREET ADDRESS	7110 BEECH TR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	BALLINGER, TOM
STREET ADDRESS	10508 BLUE WING CT
CITY - ST - ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ellen Hyatt	
1.3 STREET ADDRESS	3561 Oak Hill Trail	
1.4 CITY - ST - ZIP	Tallahassee, FL 32312	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Conner	
2.3 STREET ADDRESS	7118 Beech Ridge Trail	
2.4 CITY - ST - ZIP	Tallahassee, FL 32312	
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Amy Conner	
3.3 STREET ADDRESS	7118 Beech Ridge Trail	
3.4 CITY - ST - ZIP	Tallahassee, FL 32312	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Thomas M. Birschbach 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) (Printed Name)