

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **11/05/1973**
3a. Date of Last Report: **04/12/1995**

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

4. FEI Number: **59-2751247**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: V <input type="checkbox"/> DELETE	NAME: JOHNSON, MIKE
STREET ADDRESS: 7110 BEECH RIDGE TR	CITY-ST-ZIP: TALLAHASSEE FL
TITLE: P <input type="checkbox"/> DELETE	NAME: REED, HARRY
STREET ADDRESS: 110 BEECH RIDGE TR	CITY-ST-ZIP: TALLAHASSEE FL
TITLE: D <input type="checkbox"/> DELETE	NAME: CONNER, AMY
STREET ADDRESS: 7118 BEECH RIDGE TRAIL	CITY-ST-ZIP: TALLAHASSEE FL
TITLE: D <input type="checkbox"/> DELETE	NAME: MCCUE, TERRY
STREET ADDRESS: 7110 BEECH RIDGE TR	CITY-ST-ZIP: TALLAHASSEE FL
TITLE: D <input type="checkbox"/> DELETE	NAME: LAND, BOB
STREET ADDRESS: 7110 BEECH TR	CITY-ST-ZIP: TALLAHASSEE FL
TITLE: D <input type="checkbox"/> DELETE	NAME: BALLINGER, TOM
STREET ADDRESS: 10506 BLUE WING CT	CITY-ST-ZIP: TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: Scott Hamilton
1.3 STREET ADDRESS: 7110 Beech Ridge Tr.	1.4 CITY-ST-ZIP: Tallahassee, FL 32312
2.1 TITLE: Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: Ellen Hyatt
2.3 STREET ADDRESS: 7110 Beech Ridge Tr.	2.4 CITY-ST-ZIP:
3.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: Mark Conner, Developer
3.3 STREET ADDRESS: 7118 Beech Ridge Trail	3.4 CITY-ST-ZIP: Tallahassee, FL 32312
4.1 TITLE:	4.2 NAME:
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
5.1 TITLE:	5.2 NAME:
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
6.1 TITLE:	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Hamilton 1/25/95 668-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)