


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727957 (3)**  
1. Corporation Name  
**KILLEARN LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>7110 BEECH RIDGE TR TALLAHASSEE FL 32312 US</b>	Mailing Address <b>7110 BEECH RIDGE TR TALLAHASSEE FL 32312 US</b>
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3. Date Incorporated or Qualified <b>11/05/1973</b>	
4. FEI Number <b>59-2751247</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, MIKE</b>	1.2 NAME	<b>McCue, Terry</b>
STREET ADDRESS	<b>7110 BEECH RIDGE TR</b>	1.3 STREET ADDRESS	<b>7110 Beech Ridge Trail</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REED, HARRY</b>	2.2 NAME	<b>Helman, Bill</b>
STREET ADDRESS	<b>110 BEECH RIDGE TR</b>	2.3 STREET ADDRESS	<b>7110 Beech Ridge Trail</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32312</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMILTON, SCOTT</b>	3.2 NAME	<b>Tell, Sue</b>
STREET ADDRESS	<b>7110 BEECH RIDGE TRAIL</b>	3.3 STREET ADDRESS	<b>7110 Beech Ridge Trail</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32312</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCUE, TERRY</b>	4.2 NAME	<b>Frohlich, Kipp</b>
STREET ADDRESS	<b>7110 BEECH RIDGE TR</b>	4.3 STREET ADDRESS	<b>7110 Beech Ridge Trail</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONNER, MARK</b>	5.2 NAME	<b>Hagen, Greg</b>
STREET ADDRESS	<b>7118 BEECH RIDGE TRAIL</b>	5.3 STREET ADDRESS	<b>7110 Beech Ridge Trail</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	<b>Tallahassee, Fl. 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLINGER, TOM</b>	6.2 NAME	
STREET ADDRESS	<b>7110 BEECH RIDGE TRAIL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **3/19/98** **668-3231**

CFR2037 (10/97)