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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727957

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/05/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2751247
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Country 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCUE, TERRY		1.2 NAME	
STREET ADDRESS 7110 BEECH RIDGE TR		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEIMAN, BILL		2.2 NAME Wright, Mike	
STREET ADDRESS 7110 BEECH RIDGE TR		2.3 STREET ADDRESS 7110 Beech Ridge Trail	
CITY-ST-ZIP TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP Tallahassee, FL 32312	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMILTON, SCOTT		3.2 NAME	
STREET ADDRESS 7110 BEECH RIDGE TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FROHLICH, KIPP		4.2 NAME	
STREET ADDRESS 7110 BEECH RIDGE TR		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNER, MARK		5.2 NAME	
STREET ADDRESS 7118 BEECH RIDGE TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALLINGER, TOM		6.2 NAME	
STREET ADDRESS 7110 BEECH RIDGE TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		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, with all other like empowered.

SIGNATURE: Scott Hamilton **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT HAMILTON, Treasurer

2/18/99

Date Daytime Phone #

CR2E037 (11/98)