

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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N07035** (1)
1. Corporation Name
KINSAIL UNIT 2 ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4500 SHANNON LAKES PLAZA
P.O. BOX 197
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/09/1985** 3a. Date of Last Report **03/30/1994**

4. FEI Number **NOT APPLICABLE** 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

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. 193.032, Florida Statutes Yes 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 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**NICHOLSON, RICHARD
4411 STRATFORDSHIRE CT.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name **STEPHEN K. BUCKINGHAM**

82 Street Address (P.O. Box Number is Not Acceptable) **2768 KINSAIL DRIVE**

83

84 City **TALLAHASSEE** FL 85 Zip Code **32308**

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 *Stephen K. Buckingham* **STEPHEN K. BUCKINGHAM** **TREASURER** **4/5/95**
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICHOLSON, RICHARD
STREET ADDRESS	4411 STRATFORDSHIRE CT.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	TALLEY, JIM
STREET ADDRESS	2844 SATINWOOD CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	T
NAME	ARMSTRONG, JOCE
STREET ADDRESS	2845 SATINWOOD CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	SD
NAME	BERG, ELMER
STREET ADDRESS	2834 COTUIT LANE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEINER, GEORGE
1.3 STREET ADDRESS	2652 YARMOUTH LANE
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
2.1 TITLE	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOND, CHARLES
2.3 STREET ADDRESS	4415 STRATFORDSHIRE CT
2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUCKINGHAM, STEPHEN
3.3 STREET ADDRESS	2768 KINSAIL DRIVE
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BUCKINGHAM, BARBARA
4.3 STREET ADDRESS	2768 KINSAIL DRIVE
4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
5.1 TITLE	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LABBIETTER, JAMES
5.3 STREET ADDRESS	2826 YARMOUTH COURT
5.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
6.1 TITLE	VP/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRIELAND, THOMAS
6.3 STREET ADDRESS	2612 YARMOUTH LANE
6.4 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)(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 this 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: *Stephen K. Buckingham* **STEPHEN K. BUCKINGHAM** **4/5/95**
(Signature typed or printed name of signing officer or director. (NOTE: Registered Agent signature required when reinstating.) DATE

(904) 873-1998