

**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 # N07035 (1)**

1. Corporation Name  
**KINSAIL UNIT 2 ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **01/09/1985**  
3a. Date of Last Report: **05/01/1995**

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: **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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**BUCKINGHAM, STEPHEN K  
2768 KINSAIL DRIVE  
TALLAHASSEE FL 32308**

**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: **FL**

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: *Stephen K Buckingham* **STEPHEN K BUCKINGHAM** 3/8/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BEINER, GEORGE	1.1 TITLE:	300001742383
NAME:	2652 YARMOUTH LANE	1.2 NAME:	-03/13/96--01128--005
STREET ADDRESS:	TALLAHASSEE FL 32308	1.3 STREET ADDRESS:	***61.25
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: D	BOND, CHARLES	2.1 TITLE:	VPD
NAME:	4415 STRATFORDSHIRE CT	2.2 NAME:	LYNDA HARTNIG
STREET ADDRESS:	TALLAHASSEE FL 32308	2.3 STREET ADDRESS:	2500 YARMOUTH LANE
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	TALLAHASSEE FL 32308
TITLE: TD	BUCKINGHAM, STEPHEN	3.1 TITLE:	
NAME:	2768 KINSAIL DRIVE	3.2 NAME:	
STREET ADDRESS:	TALLAHASSEE FL 32308	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: SD	BUCKINGHAM, BARBARA	4.1 TITLE:	D
NAME:	2768 KINSAIL DRIVE	4.2 NAME:	MARK BRITCHOTT
STREET ADDRESS:	TALLAHASSEE FL 32308	4.3 STREET ADDRESS:	2611 YARMOUTH LANE
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	TALLAHASSEE, FL 32308
TITLE: VPD	FRELAND, THOMAS	5.1 TITLE:	D
NAME:	2612 YARMOUTH LANE	5.2 NAME:	FRELAND, THOMAS
STREET ADDRESS:	TALLAHASSEE FL 32308	5.3 STREET ADDRESS:	2612 YARMOUTH LANE
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	TALLAHASSEE, FL 32308
TITLE: D	LASSETTER, JAMES	6.1 TITLE:	D
NAME:	2826 YARMOUTH LANE	6.2 NAME:	JYLIS ARMSTRONG
STREET ADDRESS:	TALLAHASSEE FL 32308	6.3 STREET ADDRESS:	2645 SATINWOOD CIRCLE
CITY-ST-ZIP:		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 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: *Stephen K Buckingham* **STEPHEN K. BUCKINGHAM** 3/8/96 (904) 893-2503  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)