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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
4500 SHANNON LAKES PLAZA P.O. BOX 197 TALLAHASSEE FL 32308
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3. Date Incorporated or Qualified 01/09/1985
3a. Date of Last Report 03/13/1996
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

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 Zip Country 29 Zip Country
24 25 29 30

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 D-ANN P. GASSETT
82 Street Address (P.O. Box Number is Not Acceptable) 3061 CARLOW CIRCLE
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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: *D-Ann P. Gasset*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEINER, GEORGE	
STREET ADDRESS	2652 YARMOUTH LANE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARTNIG, LYNDA	
STREET ADDRESS	2580 YARMOUTH LN.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUCKINGHAM, STEPHEN	
STREET ADDRESS	2768 KINSAIL DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUCKINGHAM, BARBARA	
STREET ADDRESS	2768 KINSAIL DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FREELAND, THOMAS	
STREET ADDRESS	2612 YARMOUTH LANE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERITCHETT, MARK	
STREET ADDRESS	2611 YARMOUTH LN.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWIN SPATE
2.3 STREET ADDRESS	2605 HARWICH CIRCLE
2.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32308
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D-ANN P. GASSETT
3.3 STREET ADDRESS	3061 CARLOW CIRCLE
3.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32308
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDITH BASS
4.3 STREET ADDRESS	4428 STRATFORDSHIRE COURT
4.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32308
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THOMAS FREELAND
5.3 STREET ADDRESS	2612 YARMOUTH LANE
5.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32308
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MILDRED EHRLICH
6.3 STREET ADDRESS	4424 STRATFORDSHIRE COURT
6.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32308

14. I do 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: *D-Ann P. Gasset* *D-Ann P. Gasset* 4/25/97 (904)893-8689

CR2E037 (9/96)