

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

02-16-2004 90027 001 ****61.25

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # N07035 | | | |  | |
| 1. Entity Name KINSAIL UNIT 2 ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2910 KERRY FORREST PARKWAY BOX 157 TALLAHASSEE FL 32309 | | | Mailing Address 2910 KERRY FORREST PARKWAY BOX 157 TALLAHASSEE FL 32309 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3065141 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| RICE, JEAN M 2617 HARWICH CIRCLE TALLAHASSEE FL 32309 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>Jean M. Rice, Treasure</i> | | | DATE: 2-26-04 | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FREELAND, MAGGIE 2612 YARMOUTH LANE TALLAHASSEE FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BASS, EDITH 4428 STRATFORD CT TALLAHASSEE FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPATE, EDWIN M 2605 HARWICH CIRCLE TALLAHASSEE FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREELAND, THOMAS 2612 YARMOUTH LANE TALLAHASSEE FL 32309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Henry Gauding <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4427 Sierra Court Tallahassee, FL 32309 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POWERS, DON 2621 HARWICH CIRCLE TALLAHASSEE FL 32309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Millicent Dillon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2571 Yarmouth Lane Tallahassee, FL 32309 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RICE, JEAN M 2617 HARWICH CIRCLE TALLAHASSEE FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Jean M. Rice</i> | | | Date: _____ Daytime Phone # _____ | | |

66404118



MOORE CR2E037 (11/03)