


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 019 ****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
2910 KERRY FORREST PKWY

3. Mailing Address
← SAME

Suite, Apt. #, etc.
#D4 BOX 157


Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State

Zip
32309

Country



04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3065141

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RICE, JEAN M
 2617 HARWICH CIRCLE
 TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name **ALAN D MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)
2620 YARMOUTH LN

City **TALLAHASSEE FL** Zip Code **32309**

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 *Alan D. Mitchell* **ALAN D. MITCHELL, TREASURER** **4-25-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME FREELAND, MAGGIE	
STREET ADDRESS 2612 YARMOUTH LANE	
CITY-ST-ZIP TALLAHASSEE, FL 32309	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME BASS, EDITH	
STREET ADDRESS 4428 STRATFORD CT	
CITY-ST-ZIP TALLAHASSEE, FL 32309	
TITLE XD	<input type="checkbox"/> Delete
NAME DILLON, MILLICENT	KEEP AS DIRECTOR DELETE VICE-PRES
STREET ADDRESS 2571 YARMOUTH LANE	
CITY-ST-ZIP TALLAHASSEE, FL 32309	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME RICE, JEAN M	
STREET ADDRESS 2617 HARWICH CIRCLE	
CITY-ST-ZIP TALLAHASSEE, FL 32309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PAT SIFFER	
STREET ADDRESS 2648 SPAINWOOD CIR	
CITY-ST-ZIP TALLAHASSEE FL 32309	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TARA McMILLAN	
STREET ADDRESS 4427 STRATFORDSHIRE CT	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KATE BLOUGH	
STREET ADDRESS 2572 YARMOUTH LN	
CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALAN MITCHELL	
STREET ADDRESS 2620 YARMOUTH LN	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUTHER LYNN	
STREET ADDRESS 2605 COTUIT LN	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVE MURPHY	
STREET ADDRESS 2628 HARWICH CIR	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.

SIGNATURE: *Alan D. Mitchell* **ALAN D. MITCHELL** **4-25-06** **850-877-9611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #