

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727957

**FILED**  
**Feb 21, 2020**  
**Secretary of State**  
**1485290196CC**

**Entity Name:** KILLEARN LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7110 BEECH RIDGE TRL  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

7110 BEECH RIDGE TRL  
TALLAHASSEE, FL 32312 US

**FEI Number:** 59-2751247

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARSHALL, ANNE F  
7110 BEECH RIDGE TRAIL  
TALLAHASSEE, FL 32312 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REICHERT, MARK E  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            FROST, KYLE J.  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            VP  
Name            MARS II, ROY H.  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            TREASURER  
Name            NEELY, TIMOTHY  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            SECRETARY  
Name            MALLOY, SHARON A  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            BOLTON, MICHAEL  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            WILLIAMS, MELISA  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

Title            DIRECTOR  
Name            RUSSO, MATTHEW  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK E. REICHERT

**PRESIDENT**

**02/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            VONBODUNGEN, TARA  
Address        7110 BEECH RIDGE TRL  
City-State-Zip: TALLAHASSEE FL 32312