### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N07035

Entity Name: KINSAIL UNIT 2 ASSOCIATION, INC.

### **Current Principal Place of Business:**

2910 KERRY FOREST PKWY #D4 BOX 157 TALLAHASSEE, FL 32309

# **Current Mailing Address:**

2910 KERRY FOREST PKWY #D4 BOX 157 TALLAHASSEE, FL 32309

# FEI Number: 59-3065141

# Name and Address of Current Registered Agent:

MCGINNIS, PAMALA J 2910 KERRY FOREST PKWY #D4 BOX 157 TALLAHASSEE, FL 32309 US

The above named entity submits this statement for the purpose of changing its registered efficiency registered agent, or both in the State of Elevida

The above named	d entity submits this statement for the purpose of changing its	registered office or regis	stered agent, or both, in the State of F	lorida.
SIGNATURE	E: PAMALA J. MCGINNIS			01/12/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	PROPHET, PEGGY	Name	HOY, MARY	
Address	2810 YARMOUTH COURT	Address	2628 SATINWOOD CIRCLE	
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309	
Title	DIRECTOR	Title	DIRECTOR	
Name	VEIRA, MICHAEL	Name	DILLARD, JUDITH	
Address	2625 COTUIT LANE	Address	2653 SATINWOOD CIRCLE	
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309	
Title	TREASURER	Title	DIRECTOR	
Name	MCGINNIS, PAMALA	Name	PHILLIPS, KELLEY	
Address	2584 YARMOUTN LANE	Address	4423 SIERRA COURT	
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309	
Title	DIRECTOR	Title	SECRETARY	
Name	MURPHY, DAVE	Name	PESKIN, JOY	
Address	2628 HARWICH COURT	Address	4422 STRATFORDSHIRE CT	
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309	
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# **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	PAMALA MCGINNIS	TREASURER	01/12/2019
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Jan 12, 2019 Secretary of State 7811841641CC

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Certificate of Status Desired: No

### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GLADWIN, KRISTIN
Address	2626 COTUIT LANE
City-State-Zip:	TALLAHASSEE FL 32309