

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90015 046 ****61.25

40060373



02122008 Chg-NP CR2E037 (12/06)

DOCUMENT # 708954 1. Entity Name KILLEARN HOMES ASSOCIATION, INC.					
Principal Place of Business 2705 KILLARN WAY TALLAHASSEE, FL 32309			Mailing Address 2705 KILLARN WAY TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box # 2705 Killarney Way Suite, Apt. #, etc.		3. Mailing Address 2705 Killarney Way Suite, Apt. #, etc.			
City & State _____		City & State _____		4. FEI Number 59-1144265	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROTMAN, BRAD 2705 KILLARNEY WAY TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D OSBORNE, ROGER 2211 KILLARNEY WAY TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLOCK, JIM 3448 MAHONEY TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ERWIN 5002 GLEN ROCK TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thigpen, Claude 3451 Hyde Park Way Tallahassee FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, LEE 4601 INISHEER TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IPPOLITO, BOB 2409 KILLARNEY WAY TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAUZLARICH, BOB 3717 GALWAY TALLAHASSEE, FL 32309		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 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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/13/08 Daytime Phone # 850-893-3468		

ATTACHMENT

40026979

#708954

D
Zollner, Joseph
2222 Killarney Way
Tallahassee, FL 32309

D
Nobles, Allen
2799 A J Henry Park Dr
Tallahassee, FL 32309

D
Sittig, William
2944 Edenderry Dr
Tallahassee, FL 32309