2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 708954

Entity Name: KILLEARN HOMES ASSOCIATION, INC.

Current Principal Place of Business:

2705 KILLARNEY WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2705 KILLARNEY WAY
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-1144265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROTMAN, BRAD
2705 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	OSBORNE, ROGER	
Address:	2211 KILLARNEY WAY	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	ASHLOCK, JIM	
Address:	3448 MAHONEY	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	S2	( ) Delete
Name:	THIGPEN, CLAUDE	
Address:	3451 HYDE PARK WAY	
City-St-Zip:	TALLAHASSEE, FL 323099	
Title:	VD	( ) Delete
Name:	JOHNSON, LEE	
Address:	4601 INISHEER	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	PD	( ) Delete
Name:	IPPOLITO, BOB	
Address:	2409 KILLARNEY WAY	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	T	( ) Delete
Name:	KAUZLARICH, BOB	
Address:	3717 GALWAY	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	DELAND, CHRISTINE	
Address:	3305 CLIFDEN DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S2	(X) Change ( ) Addition
Name:	NOBLES, ALLEN	
Address:	2799 A J HENRY PARK DRIVE	
City-St-Zip:	TALLAHASSEE, FL 323099	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SITTIG, BILL	
Address:	2944 EDENDERRY DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOB IPPOLITO PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date