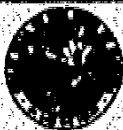


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 1:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 711669 (2)

1. Corporation Name

KILLEARN COMMUNITY POOL #1 INC

Principal Place of Business

**4500 SHANNON LAKES PLAZA
UNIT 1, BOX 173
TALLAHASSEE FL 32308**

Mailing Address

**4500 SHANNON LAKES PLAZA
UNIT 1, BOX 173
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1966

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1149812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

9. Name and Address of Current Registered Agent

**SAUNDERS, SUNNY A
3514 KILKENNY DR. W.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	SNYDER, ROBERT P	2298 KILLAENEY WAY	TALLAHASSEE FL
VD	HAGERMAN, BARBARA	3519 OFFALY COURT	TALLAHASSEE FL
D	ANDERSON, TERRI	5068 TALLOW POINT	TALLAHASSEE FL
PD	SAUNDERS, SUNNY	3514 KILKENNY WEST	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	SNYDER, ROBERT P.	2298 KILLAENEY WAY	TALLAHASSEE, FL 32308	☒	☐
				☐	☐
				☒	☐
				☐	☐
				☒	☐
				☐	☐
				☒	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert P. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT P. SNYDER, TREASURER

March 15, 1995

Date

Daytime Phone #

(904) 893 7479