FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4500 SHANNON LAKES PLAZA UNIT1, BOX 173 TALLAHASSEE FL 32308	4500 SHANNON LAKES PLAZA UNIT1, BOX 173 TALLAHASSEE FL 32308

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. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	D	☑ Change ☐ Addition
NAME	SNYDER, ROBERT P	1.2 NAME	SNYDER, ROBERT P.	
STREET ADDRESS	2298 KILLAENEY WAY	1.3 STREET ADDRESS	2298 KILLANEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HAGERMAN, BARBARA	2.2 NAME		
STREET ADDRESS	3519 OFFALY COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D P	☑ Change ☐ Addition
NAME	ANDERSON, TERRI	3.2 NAME	ANDERSON, TERRI	
STREET ADDRESS	5068 TALLOW POINT	3.3 STREET ADDRESS	5068 TALLOW POINT	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	PD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SAUNDERS, SUNNY	4.2 NAME	SAUNDERS, SUNNY	
STREET ADDRESS	3514 KILKENNY WEST	4.3 STREET ADDRESS	3514 KILKENNY WEST	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		5.1 TITLE	TD	☐ Change ☑ Addition
NAME		5.2 NAME	MORMILE, BETTY	
STREET ADDRESS		5.3 STREET ADDRESS	3040 GODFREY PL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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 617, 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 — March 15, 1995 — (904) 893 7479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT P. SNYDER, TREASURER

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