

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711669 (2)

1. Corporation Name

KILLEARN COMMUNITY POOL #1 INC



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

10/19/1966

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

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

(delete)

10. Name and Address of New Registered Agent

81 Name

Susan V. Eaton

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

2309 Killarney Way

83

Tallahassee

84 City

FL

85

Zip Code

32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Susan V. Eaton, Treasurer Susan V. Eaton

4-19-96

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 **D** ☒ DELETE
NAME **SNYDER, ROBERT P**
STREET ADDRESS **2298 KILLARNEY WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ DELETE
NAME **HAGERMAN, BARBARA**
STREET ADDRESS **3519 OFFALY COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DP** ☐ DELETE
NAME **ANDERSON, TERRI**
STREET ADDRESS **5068 TALLOW POINT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ DELETE
NAME **SAUNDERS, SUNNY**
STREET ADDRESS **3514 KILARNEY WEST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE
NAME **MORMILE, BETTY**
STREET ADDRESS **3040 GODFREY PL.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Treasurer**
1.3 STREET ADDRESS **Susan V. Eaton**
1.4 CITY-ST-ZIP **2309 Killarney Way**
Tallahassee FL 32308

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **President** ☒ Change ☐ Addition
4.2 NAME **Merrie Ann Komer**
4.3 STREET ADDRESS **2853 O'Hare Dr.**
4.4 CITY-ST-ZIP **Tallahassee, FL 32308**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Susan V. Eaton Susan V. Eaton

4-19-96

893-0721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)