FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State * DIVISION OF CORPORATIONS

1997

DOCUI 1. Corporation	MENT # 711669	(2)			
KILLEARN COMMUNITY POOL #1 INC					
Principal Place of Business Malling Address					1841 B1811 B1811 B1811 B1811 B1811 B1811 1881
UNIT1, BOX 173 UNIT1, BO		4500 SHANNON LAKES PLA UNIT1, BOX 173 TALLAHASSEE FL 32308	ZA	Date Incorporated or Qualified	
				10/19/1966	04/24/1996
2. Principal Pl	lace of Business arn Community Poc	2a. Mailing Address 26 Unit 1. Box 173,	Tallahanger	4. FEI Number 59-1149812	Applied For Not Applicable
Suite, Apt.	#, etc. 2300	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Killa City & State	irney way	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Ta	Unhassee FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 3236	9. Name and Address of Current		90[Florida Statutes	
Susan V. Eaton 2309 Killarney Way Tallahassee Fl 32308			83 84 City	Allyn Irvin ress (P.O. Box Number is Not Acceptab 3490 Garder Tallahassee	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 Signature. Typed or pirify diname of registered spent and title it popicable. (NOTE Registered Agent aprature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12					
TITLE	T	DELETE	1.1 TITLE	Treasurer	Change X Addition
NAME	SUSAN V. EATON	/	1.2 NAME	Allun Irvina	′]
STREET ADDRESS	2309 KILLARNEY WAY		1.3 STREET ADDRESS	Allyn Irving Sardenview	way
CITY-ST-ZIP TITLE	TALLAHASSEE FL	☐ DELETE	1.4 CITY-ST-ZIP	Tallahassee FL	S2308 Addition
NAME	VD HAGERMAN, BARBARA	DESCRIE	2.2 NAME		
STREET ADDRESS	3519 OFFALY COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		·
THILE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, TERRI		3.2 NAME		ţ
STREET ADDRESS	5068 TALLOW POINT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	FICEDIC TOP FO	L. J OLLEIE	4.1 TITLE		: Li Charige Li Robinori
NAME	MERRIE ANN KORNER		4.2 NAME		
STREET ADDRESS	2853 O'HARE DR TALLAHASSEE FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	MORMILE, BETTY		5.2 NAME		
STREET ADDRESS	3040 GODFREY PL		5.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		j
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		Į.
STREET ADDRESS			6.3 STREET ADDRESS		1
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14. I do hereby certify that the information supplied with this filling 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 attention of the corporation of the corporation of the corporation or the receiver of 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 attention of the corporation of the corpor

FILED

May 19 1997 8:00am

Secretary of State