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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711669 (2)

1. Corporation Name

KILLEARN COMMUNITY POOL #1 INC

Principal Place of Business

Mailing Address

KILLEARN COMMUNITY POOL  
KILLARNEY WAY 2300  
TALLAHASSEE FL 32308  
US

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/19/1966

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

IRVING, ALLYN  
3490 GARDENVIEW WAY  
TALLAHASSEE FL 32308

81 Name

Patsy Cox

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

2309 Limerick Drive

83

84 City

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

Patsy Cox

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

President

(NOTE: Registered Agent signature required when reinstating)

4/8/98

DATE

12. OFFICERS AND DIRECTORS

T IRVING, ALLYN ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3490 GARDENVIEW WAY  
TALLAHASSEE FL

VD HAGERMAN, BARBARA ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3519 OFFALY COURT  
TALLAHASSEE FL

DP ANDERSON, TERRI ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5068 TALLOW POINT  
TALLAHASSEE FL

P MERRIE ANN KORNER ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2853 O'HARE DR  
TALLAHASSEE FL

TD MORMILE, BETTY ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3040 GODFREY PL.  
TALLAHASSEE FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

Patsy Cox

1.3 STREET ADDRESS

2309 Limerick Dr.

1.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

4.2 NAME

P D Priscilla Tharpe

4.3 STREET ADDRESS

2004 Ellicott Drive

4.4 CITY-ST-ZIP

Tallahassee, FL 32302

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Priscilla Tharpe

3-11-98

385-1400

CR2E037 (10/97)