2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 711669

Entity Name: KILLEARN COMMUNITY POOL #1 INC

Current Principal Place of Business:

KILLEARN COMMUNITY POOL
KILLARNEY WAY 2300
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

PMB 118
3491-11 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 US

New Mailing Address:

1400 VILLAGE SQUARE BLVD. #3
BOX 117
TALLAHASSEE, FL 323012 US

FEI Number: 59-1149812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATSY COX
2309 LIMERICK DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: PATSY COX,
Address: 2309 LIMERICK DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete
Name: HAGERMAN, BARBARA,
Address: 3519 OFFALY COURT
City-St-Zip: TALLAHASSEE, FL

Title: DP ( ) Delete
Name: ANDERSON, TERRI
Address: 5068 TALLOW POINT
City-St-Zip: TALLAHASSEE, FL

Title: PD ( ) Delete
Name: PRISCILLA THARPE,
Address: 2004 ELLICOTT DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSY COX TREA 03/19/2009
Electronic Signature of Signing Officer or Director — Date