

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90088 021 \*\*\*\*61.25

**DOCUMENT # 727957**

1. Entity Name

**KILLEARN LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

7110 BEECH RIDGE TR  
TALLAHASSEE FL 32312  
US

Mailing Address

7110 BEECH RIDGE TR  
TALLAHASSEE FL 32312  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2751247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, NANCY C  
7110 BEECH RIDGE TR  
TALLAHASSEE FL 32312

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME REICHERT, MARK  
STREET ADDRESS 7110 BEECH RIDGE TR  
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE **P** ☐ Delete  
NAME HEIMAN, BILL  
STREET ADDRESS 7110 BEECH RIDGE TR  
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE **T** ☐ Delete  
NAME THOMA, RICHARD E  
STREET ADDRESS 7110 BEECH RIDGE TRAIL  
CITY-STATE-ZIP TALLAHASSEE FL

TITLE **VP** ☒ Delete  
NAME STEPHENSON, JIM  
STREET ADDRESS 7110 BEECH RIDGE TR  
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE **D** ☐ Delete  
NAME KING, DAN  
STREET ADDRESS 7110 BEECH RIDGE TRAIL  
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE **D** ☐ Delete  
NAME TURNER, CYNTHIA  
STREET ADDRESS 7110 BEECH RIDGE TRAIL  
CITY-STATE-ZIP TALLAHASSEE FL 32312

TITLE **VP** ☒ Change ☐ Addition  
NAME Reichert, MARK E.  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME Wright, KATHLEEN  
STREET ADDRESS 7110 Beech Ridge Tr.  
CITY-STATE-ZIP Tallahassee, FL 32312

TITLE **SEC** ☐ Change ☒ Addition  
NAME FRDST, MARK  
STREET ADDRESS 7110 Beech Ridge Tr.  
CITY-STATE-ZIP Tallahassee, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Richard E. Thoma*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICHARD E. THOMA**

4/30/07 850-668-3231  
Date Daytime Phone #