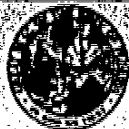


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 743339

(4)

1. Corporation Name

KILRUSH HOMEOWNERS' ASSOCIATION, INC.

95 MAR -8 PM 3: 20

Principal Place of Business

Mailing Address

2965 SHAMROCK NORTH #33
TALLAHASSEE FL 32308

2965 SHAMROCK NORTH #33
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1978

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2071300

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRVIN, MARTHA B
2965 SHAMROCK N #23
TALLAHASSEE FL 32308

81 Name

Robert Gardner

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

8035 Tennyson Dr.

83

Tallahassee

32308

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Robert Gardner

Robert Gardner

2-22-95

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

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD - T
NAME	IRVIN, MARTHA B
STREET ADDRESS	2965 SHAMROCK N #23
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	STEPHENS, MARTHA
STREET ADDRESS	2965 SHAMROCK N #24
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	WILSON, JANICE M
STREET ADDRESS	2965 SHAMROCK N #14
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	STARK, BILL
STREET ADDRESS	2965 SHAMROCK N #9
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	GARDNER, ROBERT
STREET ADDRESS	8035 TENNYSON DR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	S
NAME	DIXON, MARILYN
STREET ADDRESS	2965 SHAMROCK #12
CITY - ST - ZIP	TALLAHASSEE FL

1.1 TITLE	D	President, Robert	☒ Change ☐ Addition
1.2 NAME		Gardner, Robert	
1.3 STREET ADDRESS		8035 Tennyson Dr	
1.4 CITY - ST - ZIP		Tallahassee, FL 32308	
2.1 TITLE	T	E T	☐ Change ☒ Addition
2.2 NAME		minor, Joe	
2.3 STREET ADDRESS		Box Rt 2, Box 121 L	
2.4 CITY - ST - ZIP		Greenville, FL 32331	
3.1 TITLE	T	Hartmann, Mary Stuart	☐ Change ☒ Addition
3.2 NAME			
3.3 STREET ADDRESS		2965 Shamrock N #10	
3.4 CITY - ST - ZIP		Tallahassee, FL 32308	
4.1 TITLE			☐ Change ☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
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 110.07(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: Janice M. Wilson / Janice M. Wilson

02/19/95

668-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

Treasurer