FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:20

DOCUMENT # 743339 (4)

1. Corporation Name
KILRUSH HOMEOWNERS' ASSOCIATION, INC.

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 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Robert Gardner
82 Street Address (P.O. Box Number is Not Acceptable): 8035 Tennyson Dr.
83 City: 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 C Gardner 2-22-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD T	1.1 TITLE	D President	☒ Change ☐ Addition
NAME	IRVIN, MARTHA B	1.2 NAME	Gardner, Robert	
STREET ADDRESS	2965 SHAMROCK N #23	1.3 STREET ADDRESS	8035 Tennyson Dr	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	2.1 TITLE	T	☐ Change ☒ Addition
NAME	STEPHENS, MARTHA	2.2 NAME	Minter, Joe	
STREET ADDRESS	2965 SHAMROCK N #24	2.3 STREET ADDRESS	~~P.O. Box~~ Rt 2, Box 121L	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Greenville, FL 32331	
TITLE	D	3.1 TITLE	T	☐ Change ☒ Addition
NAME	WILSON, JANICE M	3.2 NAME	Hartmann, Mary Stuart	
STREET ADDRESS	2965 SHAMROCK N #14	3.3 STREET ADDRESS	2965 Shamrock N #10	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STARK, BILL	4.2 NAME		
STREET ADDRESS	2965 SHAMROCK N #9	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, ROBERT	5.2 NAME		
STREET ADDRESS	8035 TENNYSON DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, MARILYN	6.2 NAME		
STREET ADDRESS	2965 SHAMROCK #12	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	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 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 attachment with an address.

SIGNATURE: Janice M. Wilson / Janice M. Wilson 02/19/95 668-3535
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Treasurer

0027310