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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743339 (4)

1. Corporation Name
KILRUSH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2965 SHAMROCK NORTH #33 TALLAHASSEE FL 32308	Mailing Address 2965 SHAMROCK NORTH #33 TALLAHASSEE FL 32308-2237
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3. Date Incorporated or Qualified 06/21/1978	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2071300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 **Sandy Tucker**

82. Street Address (P.O. Box Number is Not Acceptable)
2965 Shamrock N #21

83. 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 **Sandy Tucker** DATE **1/27/97**

(Signature of Sandy Tucker)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	IRVIN, MARTHA B
STREET ADDRESS	2965 SHAMROCK N #23
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	TUCKER, SANDY
STREET ADDRESS	2965 SHAMROCK N #21
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	T <input type="checkbox"/> DELETE
NAME	WILSON, JANICE M
STREET ADDRESS	2965 SHAMROCK N #14
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	HUMBERT, PAT
STREET ADDRESS	2965 SHAMROCK N #18
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	T <input type="checkbox"/> DELETE
NAME	MATHES, PATRICIA
STREET ADDRESS	2965 SHAMROCK N #36
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	S <input type="checkbox"/> DELETE
NAME	DIXON, MARILYN
STREET ADDRESS	2965 SHAMROCK #12
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mr Adams, David
1.3 STREET ADDRESS	2965 Shamrock N #29
1.4 CITY-ST-ZIP	Tallahassee, FL 32308
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tucker, Sandy
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kirchgessner, Shirley
4.3 STREET ADDRESS	2965 Shamrock N #5
4.4 CITY-ST-ZIP	Tallahassee, FL 32308
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	mathes, Patricia
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** DATE **1/27/97** DAYTIME PHONE # **668-3535**

(Signature of Janice M. Wilson)

CR2E037 (9/96)