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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 743339

1. Corporation Name

(4)

KILRUSH HOMEOWNERS! ASSOCIATION, INC.

FILED Feb 26 1998 8:00am Secretary of State

KILHUSH HUMEUWNERS' ASSUCIATION, INC.										
Principal Place of Business		Mailing Address				1 F80114 10041 01040 FF180 1110	B ATEAN FRAT MINIT	Aten andi Aten A	ANAL GINAL ANDI	
2965 SHAMROCK NORTH #33 TALLAHASSEE FL 32308		2965 SHAMROCK NORTH TALLAHASSEE FL 32308	#33			3. Date Incorporated or Qual 06/21/1978	ified			
					•	4. FEI Number 59-2071300	-,.	1	pplied For ot Applicable	
2. Principal F	Place of Business	2a. Mailing Address		······································			d 🗆		Additional	
21		26				5. Certificate of Status Desire	a		equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Finance	_	\$5.00		
City & Stat	to	City & State				Trust Fund Contribution	<u> </u>	Added t		
23		28				7. Is this nonprofit corporation	n a nomeown	ners associatio	mr	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or h			tangible	
24	25	29	30			Personal Property Tax due	-		No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of Ne	w Registere	d Agent		
				81 Nam	10					
TUCKER, SANDY				82 Stre	et Addres	s (P.O. Box Number is Not Acc	eptable)			
	HAMROCK N #21			-						
IALLAH	IASSEE FL 32308			63						
			ĺ	84 City			F	85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 617.1508, Florida Statu of Poyda. Such change was	tes, the ab authorized	ove-name by the c	ed corpor orporation	ation submits this statement for o's board of directors. I hereby			ts registered registered	
	am tamiliar with, and accept the bolig	ations of, Section of 7.0503, Fi	_	•	7	Tucker	2.1	71/98	>	
SIGNATURE	Signature, typed or printed name of registered ag-		Sen: E: Registered	Agent signa	ure required	when reinstating)	DATE	21/ 10		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR		
TITLE	TR	☐ DELETE	1.1 111	'LE				Change	Addition	
NAME	ADAMS, DAVID		1.2 NA	ME						
STREET ADDRESS	2965 SHAMROCK N #29		1.3 ST	reet addres	s					
CITY-ST-ZIP	TALLAHASSEE FL	DELETE		TY-ST-ZIP	- 			T Observe	1 Carlein	
TITLE	TUCKER, SANDY	C) DETEIR	2.1 Tit					Change	☐ Addition	
NAME	2965 SHAMROCK N #21		2.2 NA		۱					
STREET ADDRESS	TALLAHASSEE FL			REET ADDRES	s		train sec			
CITY-ST-ZIP	T	☐ DELETE	3.1 Ti	TY-ST-ZIP Te	 		31 11 1515	Change	Addition	
NAME	WILSON, JANICE M		3.2 NA							
STREET ADORESS	2965 SHAMROCK N #14			REET ADDRES	s l					
CITY-ST-ZIP	TALLAHASSEE FL			TY-ST-ZIP	`					
TITLE	V	DEL e te	4.1 T IT		1			Change	☐ Addition	
NAME	KIRCHGESSNER, SHIRLEY		4. 2 N	WE						
STREET ADDRESS	2965 SHAMROCK N #5		4.3 ST	reet addres	s					
CITY-ST-ZIP	TALAHASSEE FL		4.4 C(1	Y-ST-ZIP	Ш					
TITLE	TR	DELETE	5.1 TIT	LE	TR			Change	Addition	
NAME	MATHES, PATRICIA		5.2 NA	ME	Tod	ie Murphy 5 Shamrock N Ulahassee FC				
STREET ADDRESS	2965 SHAMROCK N #36		5.3 ST	reet addres	396	5 Shamrock N.	,开儿			
CITY-ST-ZIP	TALLAHASSEE FL			Y-ST-ZIP	1+0	Mahassee FC	3230	<u> </u>		
TITLE	S	☐ D€LETE	6.1 Trī					Change	☐ Addition	
NAME	DIXON, MARILYN		6.2 NA							
STREET ADDRESS	2965 SHAMROCK #12		6.3 ST	REET ADDRES	s					
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CIT	Y-ST-ZIP						

14. I 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

Janua m. mikrow Janice M. Wilson 02/21/98