


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90188 002 \*\*\*\*61.25

<b>DOCUMENT # 743339</b> 1. Entity Name KILRUSH HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2965 SHAMROCK NORTH #31 TALLAHASSEE, FL 32309	Mailing Address 2965 SHAMROCK NORTH #31 TALLAHASSEE, FL 32309
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50001429



01212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2071300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TUCKER, SANDY 2965 SHAMROCK N #21 TALLAHASSEE, FL 32309
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUSE, GAIL <i>Cruse, Gail</i> 2808 EDENDERRY DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TUCKER, SANDY 2965 SHAMROCK N #21 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MINTER, CHERYL 2965 SHAMROCK N #31 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MINTER, JOE F 2965 SHAMROCK N #31 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR JOHNSON, KEN 2965 SHAMROCK N #24 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIXON, MARILYN 2965 SHAMROCK #12 TALLAHASSEE, FL 32309

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Cheryl Minter* (850)  
1-26-06 893-0060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #