

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743339

FILED
Jul 22, 2009
Secretary of State

Entity Name: KILRUSH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2965 SHAMROCK NORTH #31
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2965 SHAMROCK NORTH #31
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-2071300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TUCKER, SANDY
2965 SHAMROCK N #21
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOMLIN, TAMARA
Address: 2965 SHAMROCK NORTH #13
City-St-Zip: TALLAHASSEE, FL 32309

Title: P () Delete
Name: TUCKER, SANDY
Address: 2965 SHAMROCK N #21
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: MINTER, CHERYL
Address: 2965 SHAMROCK N #31
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: MINTER, JOE F
Address: 2965 SHAMROCK N #31
City-St-Zip: TALLAHASSEE, FL 32309

Title: TR () Delete
Name: PRIM, ROY
Address: 2965 SHAMROCK NORTH #27
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: DIXON, MARILYN
Address: 2965 SHAMROCK #12
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL MINTER

T

07/22/2009

Electronic Signature of Signing Officer or Director

Date