

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 FEB - 1 PM 12: 16

DOCUMENT # 764710 (0)

1. Corporation Name

KINSAIL UNIT ONE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 11127 TALLAHASSEE FL 32302-3127
P.O. BOX 11127 TALLAHASSEE FL 32302-3127

3. Date incorporated or Qualified 08/25/1982
3a. Date of Last Report 05/23/1994
4. FBI Number 59-3041011
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 2700 Nantucket Ln. 27 2700 Nantucket Ln.
23 Tallahassee, Fl. 28 Tallahassee Fl.
24 Zip 32308 Country Leon 29 Zip 32308 30 Country Leon

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
MINNICK, BRUCE A
660 E. JEFFERSON STREET
P. O. BOX 11127
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent
81 Name Powell, Edward C. Sr.
82 Street Address (P.O. Box Number is Not Acceptable) 2700 Nantucket Ln.
83
84 City Tallahassee FL 85 Zip Code 32308

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 *Edward C Powell Sr.* Edward C Powell Sr. Pres. 1/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	REDDISH, RAY C.
STREET ADDRESS	2681 NANTUCKET LANE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	TD
NAME	POWELL, CHRIS S.
STREET ADDRESS	2700 NANTUCKET LN
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	CARPENTER, VICKI LYNN
STREET ADDRESS	2651 NANTUCKET LANE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D
NAME	MINNICK, BRUCE A.
STREET ADDRESS	2687 NANTUCKET LANE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Powell, Edward C. Sr.
1.3 STREET ADDRESS	2700 Nantucket Ln.
1.4 CITY-ST-ZIP	Tallahassee FL 32308
2.1 TITLE	Pres. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Powell, Chris S.
2.3 STREET ADDRESS	2700 Nantucket Ln.
2.4 CITY-ST-ZIP	Tallahassee FL 32308
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	Treas. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Miseyko, Anne
4.3 STREET ADDRESS	2656 Nantucket Ln.
4.4 CITY-ST-ZIP	Tallahassee FL 32308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward C Powell Sr.* 1/22/95 893 9240
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)