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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764710

1. Corporation Name

KINSAIL UNIT ONE ASSOCIATION, INC.

Principal Place of Business

2700 NANTUCKET LN
TALLAHASSEE FL 32308
US

Mailing Address

2700 NANTUCKET LN.
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21 **2640 NANTUCKET LN**

Suite, Apt. #, etc.

22

City & State

23 **Tallahassee, FL**

Zip Country

24 **32308** 25 **USA**

2a. Mailing Address

26 **2640 NANTUCKET**

Suite, Apt. #, etc.

27

City & State

28 **Tallahassee, FL**

Zip Country

29 **32308** 30 **USA**

3. Date Incorporated or Qualified

08/25/1982

4. FEI Number

59-3041011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

POWELL, EDWARD C. JR.
2700 NANTUCKET LN.
P. O. BOX 11127
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name **STEVEN NEUGEBAUER**
82 Street Address (P.O. Box Number is Not Acceptable)
2640 NANTUCKET LN
83
84 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 **STEVEN NEUGEBAUER**
Signature, typed or printed name of registered agent and title if applicable.

Steven Neugebauer
(NOTE: Registered Agent signature required when reinstating)

2/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **POWELL, EDWARD C. JR.**
STREET ADDRESS **2700 NANTUCKET LN.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☒ DELETE
NAME **POWELL, CHRIS S.**
STREET ADDRESS **2700 NANTUCKET LN**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ DELETE
NAME **CARPENTER, VICKI LYNN**
STREET ADDRESS **2651 NANTUCKET LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** ☐ DELETE
NAME **SIMONS, HOMER**
STREET ADDRESS **2636 NANTUCKET LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **STEVEN NEUGEBAUER**
1.3 STREET ADDRESS **2640 NANTUCKET LN**
1.4 CITY-ST-ZIP **Tallahassee, FL 32308**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **BETH WILLIS**
2.3 STREET ADDRESS **2655 NANTUCKET LN**
2.4 CITY-ST-ZIP **Tallahassee, FL 32308**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99
Date

8506682157
Daytime Phone #

CR2E037 (1/98)