


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764710</b> 1. Entity Name KINSAIL UNIT ONE ASSOCIATION, INC.	
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Principal Place of Business 2656 NANTUCKET LN TALLAHASSEE, FL 32308 US	Mailing Address 2656 NANTUCKET LN TALLAHASSEE, FL 32308 US
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3041011	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

ELLIS, MIKE  
2656 NANTUCKET LANE  
TALLAHASSEE, FL 32309

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000104500 04/08/04-00014-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIS, MIKE 2656 NANTUCKET TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARPENTER, VICKI LYNN 2651 NANTUCKET LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PETROVICH, PAULA 2613 NANTUCKET LN TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mike Ellis 4/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #