

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # 764710

1. Entity Name
KINSAIL UNIT ONE ASSOCIATION, INC.



Principal Place of Business
**2656 NANTUCKET LN
TALLAHASSEE, FL 32308 US**

Mailing Address
**2656 NANTUCKET LN
TALLAHASSEE, FL 32308 US**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3041011 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees.**

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
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02/16/05-80044-010 61.25

**DO NOT WRITE
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)(i), 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: X

Mike Ellis Mike Ellis 2/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #