

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 038 \*\*\*\*61.25

**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

40010001



01172007 No Chg-NP

CR2E037 (4/06)

**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 reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLIS, MIKE
STREET ADDRESS	2656 NANTUCKET
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	SD
NAME	CARPENTER, VICKI LYNN
STREET ADDRESS	2651 NANTUCKET LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	TD
NAME	PETROVICH, PAULA
STREET ADDRESS	2613 NANTUCKET LN
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	TD
NAME	COULTER, Edith
STREET ADDRESS	2655 NANTUCKET LN.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VP
NAME	TOM CORVISA
STREET ADDRESS	2652 NANTUCKET LN.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07

Date

668-3449

Daytime Phone #