

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764710

FILED
Sep 03, 2008
Secretary of State

Entity Name: KINSAIL UNIT ONE ASSOCIATION, INC.

Current Principal Place of Business:

2656 NANTUCKET LN
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2652 NANTUCKET LN
TALLAHASSEE, FL 32309 US

Current Mailing Address:

2656 NANTUCKET LN
TALLAHASSEE, FL 32308 US

New Mailing Address:

2652 NANTUCKET LN
TALLAHASSEE, FL 32309 US

FEI Number: 59-3041011 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELLIS, MIKE
2656 NANTUCKET LANE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

CORNISH, TOM
2652 NANTUCKET LANE
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: TOM CORNISH

09/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLIS, MIKE
Address: 2656 NANTUCKET
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: CARPENTER, VICKI LYN, N
Address: 2651 NANTUCKET LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: COULTER, EDITH
Address: 2655 NANTUCKET LN.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Delete
Name: CORNISH, TOM
Address: 2652 NANTUCKET LN.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOM, CORNISH
Address: 2652 NANTUCKET
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CORNISH

PD

09/03/2008

Electronic Signature of Signing Officer or Director

Date