

FILED
Jun 26, 2003 8:00 am
Secretary of State

02-07-2003 90041 050 ****61.25
06-26-2003 90039 013 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 764710

1. Entity Name
KINSAIL UNIT ONE ASSOCIATION, INC.



Principal Place of Business

2640 NANTUCKET
TALLAHASSEE, FL 32308 US

Mailing Address

2640 NANTUCKET
TALLAHASSEE, FL 32308 US

2. Principal Place of Business

2656 NANTUCKET LANE
Suite, Apt. #, etc.
TALLAHASSEE, FL
City & State

3. Mailing Address

2656 NANTUCKET LANE
Suite, Apt. #, etc.
TALLAHASSEE FL
City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3041011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32308

Country
US

Zip
32308

Country
US

6. Name and Address of Current Registered Agent

ELLIS, MIKE
2656 NANTUCKET LANE
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ELLIS, MIKE
STREET ADDRESS 2656 NANTUCKET
CITY-ST-ZIP TALLAHASSEE, FL 32309

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

TITLE TD ☐ Delete
NAME PETROVICH, PAULA
STREET ADDRESS 2613 NANTUCKET LN
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)