

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769041 (5)
1. Corporation Name
KIPLING PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

% SHARRI CAMPBELL BLANCHARD
812 VALLEY RIDGE CIRCLE
PENSACOLA FL 32514

Mailing Address

% SHARRI CAMPBELL BLANCHARD
812 VALLEY RIDGE CIRCLE
PENSACOLA FL 32514

3. Date Incorporated or Qualified
06/22/1983

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

21 c/o Barbara H. Rand

2a. Mailing Address

26 c/o Barbara H. Rand

4. FEI Number
59-2837941

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4040 Ashmore Place

27 4040 Ashmore Place

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Pensacola, FL 32503

28 Pensacola, FL 32503

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 32503

25 Country USA

29 Zip 32503

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCHARD, SHARRI CAMPBELL
812 VALLEY RIDGE CIRCLE
PENSACOLA FL 32514

81 Name
Barbara H. Rand

82 Street Address (P.O. Box Number is Not Acceptable)
4040 Ashmore Place

83

84 City

Pensacola

FL

85 Zip Code
32503

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Barbara H. Rand

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BELL, TERRI
STREET ADDRESS 7706 KIPLING PL ED
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Robert Blanchard
1.3 STREET ADDRESS 812 Valley Ridge Circle
1.4 CITY-ST-ZIP Pensacola, FL 32514

TITLE VD ☐ DELETE
NAME DWAYNE FOLSOM
STREET ADDRESS 7702-D KIPLING PLACE
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME BLANCHARD, SHARRI C.
STREET ADDRESS 812 VALLEY RIDGE CIRCLE
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE S/T/D ☒ Change ☐ Addition
3.2 NAME Barbara H. Rand
3.3 STREET ADDRESS 4040 Ashmore Place
3.4 CITY-ST-ZIP Pensacola, FL 32503

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara H. Rand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/96 904-432-7312

CR2E037 (12/95)