


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90530 032 \*\*\*\*61.25

<b>DOCUMENT # 769041</b>	
<b>1. Entity Name</b> KIPLING PLACE HOMEOWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b> 7705 B KIPLING PENSACOLA FL 32514 US	<b>Mailing Address</b> PO BOX 15521 PENSACOLA FL 32514 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-2837941	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> <del>STEELE RONALD</del> 7705-B KIPLING ST PENSACOLA FL 32514
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<b>7. Name and Address of New Registered Agent</b>	
Name John Taylor	
Street Address (P.O. Box Number is Not Acceptable) 7705-B Kipling Street	
City Pensacola	Zip Code FL 32514

**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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> FITZGERALD, BETTY 7700-A KIPLING STREET PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> TAYLOR, JOHN 7705 B KIPLING ST PENSACOLA FL 32514 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> BURTSCHELL, FARYLAND 7699 D PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Taylor 7705-B Kipling Street Pensacola, FL 32514
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Walter Merritt 8160 Fordham Dr Pensacola, FL 32514
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jack Bartlett 507 Pine Brook Circle Cantonment, FL 32533
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 an other like empowered.**

**SIGNATURE:**  **John Taylor** (850)477-5312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #