

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

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769041**

1. Entity Name  
**KIPLING PLACE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**7702 A KIPLING  
PENSACOLA, FL 32514 US**

Mailing Address  
**PO BOX 15521  
PENSACOLA, FL 32514 US**



08222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2837941**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MERRITT, WALTER E  
8160 FORDHAM DR.  
PENSACOLA, FL 32514**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

UN00000773198  
09/05/07-80001-002 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MELCHER, JENNIFER  
7702A KIPLING  
PENSACOLA, FL 32514**

**DO NOT WRITE  
IN THIS SPACE**

**LORENCIA**  
(abatacept)

*Sign on Line 12  
+ mail*

*Date by 9-14-07*

*E*

Bristol-Myers Squibb

BS-P0009 12/05

CITY-ST-ZIP

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:** *Brett Fitzgerald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-29-07**  
Date

Daytime Phone #