

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769041

FILED  
Jan 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7702 A KIPLING  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

5992 MOSS LANE  
PENSACOLA, FL 32505 US

**Current Mailing Address:**

PO BOX 15521  
PENSACOLA, FL 32514 US

**New Mailing Address:**

**FEI Number:** 59-2837941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BUSINESS CONCEPTS OF PENSACOLA, INC  
5992 MOSS LANE  
PENSACOLA, FL 32505 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: ELSIE M HULION

01/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T (X) Delete  
Name: MELCHER, JENNIFER  
Address: 7702A KIPLING  
City-St-Zip: PENSACOLA, FL 32514

Title: P (X) Delete  
Name: MERRITT, WALTER  
Address: 8160 FORDHAM DR  
City-St-Zip: PENSACOLA, FL 32514

Title: BM ( ) Delete  
Name: FITZGERALD, BETTY  
Address: 7700 A KIPLING  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BETTY FITZGERALD

B/M

01/17/2009

Electronic Signature of Signing Officer or Director

Date