

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

DOCUMENT # N03000007228

1. Entity Name
KIMMER ROWE TRACE HOME OWNERS ASSOCIATION,
INC.



Principal Place of Business
% RIVERS BUFORD
7201 COVEY TRACE
TALLAHASSEE, FL 32309-6472

Mailing Address
% RIVERS BUFORD
7201 COVEY TRACE
TALLAHASSEE, FL 32309-6472

FILED

2007 JAN 16 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUFORD, RIVERS H III
7201 COVEY TRACE
TALLAHASSEE, FL 32309-6472

**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 May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, GERALD L 7221 COVEY TRACE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINTY, THOMAS H 4113 KIMMER ROWE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EHLER, MEGAN A 4197 KIMMER ROWE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUFORD, RIVERS H III 7201 COVEY TRACE TALLAHASSEE, FL 323096472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07--01040--001 **61.25

**DO NOT WRITE
IN THIS SPACE**

km 1/16/07

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 an other legal empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/12/07* Daytime Phone #