

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90058 034 ****61.25

DOCUMENT # N06000005982

1. Entity Name
**THE KILLEARN PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION INC.**



Principal Place of Business
**1535 KILLEARN CENTER BOULEVARD
A-3
TALLAHASSEE, FL 32309 US**

Mailing Address
**1535 KILLEARN CENTER BOULEVARD
A-3
TALLAHASSEE, FL 32309 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

B-4

Suite, Apt. #, etc.

B-4

City & State

City & State

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-1101948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOODWIN, ELLA
1535 KILLEARN CENTER BOULEVARD
SUITE A-3
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name

Marshall Cassedy, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1535 Killearn Center Blvd, B-4

City

Tallahassee

FL

Zip Code

32309

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

May
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P TYRE, COREY ☒ Delete
**1535 KILLEARN CENTER BLVD A-3
TALLAHASSEE, FL 32309**

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SEC WOODHAM, SUSAN ☐ Delete
**1535 KILLEARN CENTER C-6
TALLAHASSEE, FL 32309**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
P Cassedy, Marshall
1535 Killearn Center Blvd., B-4
Tallahassee, FL 32309

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

Susan Woodham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

Date

850-894-4600

Daytime Phone #