

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

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. <i>B-4</i>	Suite, Apt. #, etc. <i>B-4</i>		
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>GOODWIN, ELLA 1535 KILLEARN CENTER BOULEVARD SUITE A-3 TALLAHASSEE, FL 32309</p>			
<p>Name <i>Marshall Cassidy, Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1535 Killearn Center Blvd, B-4</i> City <i>Tallahassee</i> FL Zip Code <i>32309</i></p>			
7. Name and Address of New Registered Agent			

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* DATE *1-9-07*

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
<p>TITLE P NAME TYRE, COREY STREET ADDRESS 1535 KILLEARN CENTER BLVD A-3 CITY-ST-ZIP TALLAHASSEE, FL 32309</p> <p><input checked="" type="checkbox"/> Delete</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p>TITLE P NAME Cassidy, Marshall STREET ADDRESS 1535 Killearn Center Blvd, B-4 CITY-ST-ZIP Tallahassee, FL 32309</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>	
<p>TITLE SEC NAME WOODHAM, SUSAN STREET ADDRESS 1535 KILLEARN CENTER C-6 CITY-ST-ZIP TALLAHASSEE, FL 32309</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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

1-5-07 850-894-4600
Date Daytime Phone #