

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005982

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE KILLEARN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

1535 KILLEARN CENTER BOULEVARD
SUITE B-4
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

1535 KILLEARN CENTER BOULEVARD
SUITE B-4
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 20-1101948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSEDY, MARSHALL JR
1535 KILLEARN CENTER BOULEVARD
SUITE B-4
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSEDY, MARSHALL
Address: 1535 KILLEARN CENTER BLVD STE B-4
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: SEC () Delete
Name: WOODHAM, SUSAN
Address: 1535 KILLEARN CENTER C-6
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SUSAN WOODHAM

SEC

01/16/2009

Electronic Signature of Signing Officer or Director

Date