

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13835 (6)

1. Corporation Name

KINGSMILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P O BOX 361834
MELBOURNE FL 32936

Mailing Address

P O BOX 361834
MELBOURNE FL 32936

3. Date Incorporated or Qualified
03/14/1986

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-2771857

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FOSTER, NORA K
2517 KINGDOM AVE.
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

81 Name **Radcliff, Karen L.**
82 Street Address (P.O. Box Number is Not Acceptable)
2627 Majestic Avenue
83
84 City **Melbourne** **FL** 85 Zip Code **32934**

11. Pursuant to the provisions of Sections 617.0500 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Karen L. Radcliff* **Karen L. Radcliff, Sec./Treas.** **5/22/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	☒ DELETE
NAME	BERGLUND, ANGELA	
STREET ADDRESS	2433 KINGDOM AVE.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	PD	☒ DELETE
NAME	FOSTER, NORA K.	
STREET ADDRESS	2517 KINGDOM AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	☒ DELETE
NAME	FORGET, CHERYL	
STREET ADDRESS	3528 REIGN STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	☐ DELETE
NAME	HIRSCH, ELIZABETH	
STREET ADDRESS	2626 NOBILITY AVE.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	☒ DELETE
NAME	WIRTZ, JOYCE	
STREET ADDRESS	2668 NOBILITY AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Sec/Treas.	☐ Change ☒ Addition
12 NAME	Radcliff, Karen	
13 STREET ADDRESS	2627 Majestic Ave.	
14 CITY-ST-ZIP	Melbourne, FL 32934	
21 TITLE	Pres.	☐ Change ☒ Addition
22 NAME	Jan Patchin	
23 STREET ADDRESS	2582 Empire Ave.	
24 CITY-ST-ZIP	Melbourne, FL 32934	
31 TITLE	Director	☐ Change ☒ Addition
32 NAME	Michael R. Radcliff	
33 STREET ADDRESS	2627 Majestic Ave.	
34 CITY-ST-ZIP	Melbourne, FL 32934	
41 TITLE	Director	☐ Change ☒ Addition
42 NAME	Samuel Marsh	
43 STREET ADDRESS	2712 Majestic Ave.	
44 CITY-ST-ZIP	Melbourne, FL 32934	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen L. Radcliff* **Karen L. Radcliff, Secretary/Treasurer** **5/22/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)