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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32936-1834
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3. Date Incorporated or Qualified 03/14/1986	3a. Date of Last Report 05/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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
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9. Name and Address of Current Registered Agent

**RADCLIFF, KAREN L.
2627 MAJESTIC AVE
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

81 Name JAN A. PATCHIN	82 Street Address (P.O. Box Number is Not Acceptable) 2582 EMPIRE AVE	83	84 City MELBOURNE	85 FL	86 Zip Code 32934
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11. Pursuant to the provisions of Sections 617.0502 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 *[Signature]* **1/13/97**
Signature typed: printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RADCLIFF, KAREN 2627 MAJESTIC AVE MELBOURNE FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S BRENT D BRATHWAITE 3591 MCNARCH ST MELBOURNE FL 32934 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAN PATCHIN 2582 EMPIRE AVE MELBOURNE FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL R. RADCLIFF 2627 MAJESTIC AVE MELBOURNE FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T BARBARA CIVIL 2414 EMPIRE AVE MELBOURNE FL 32934 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH, ELIZABETH 2628 NOBILITY AVE. MELBOURNE FL 32934 ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Audrey L. Shymate 2777 NOBILITY AVE Melbourne, FL 32934 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL MARSH 2712 MAJESTIC AVE MELBOURNE FL ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ROBERT E KUNTZ 2460 MAJESTIC AVE MELBOURNE FL 32934 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/13/97 407-255-7434**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019623

CR2E037 (9/96)