FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N27467

(2)

KINSEY WOODLAND PROPERTY OWNERS' ASSOCIATION, IN

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Principal Place of Business Mailing Address								E SAMONIMI DIA CIDIL IMBIC DIBIA MINI (A			
C/O JANET L. MILLER 812 N.E. 16TH AVENUE GAINESVILLE FL 32801			C/O JANET L. MILLER 412 N.E. 16TH AVENUE GAINESVILLE FL 32601-3701								
								Date Incorporated or Qualified 3a. Date of Last Report 07/18/1988 02/27/1996			
2. Principal Place of Business 21			2a. Mailing Address					4. FEI Number 59-2946657	Applied For Not Applicable		
Suite, Apt #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State					Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution Added to Fees			
Zip	Cour	· —	Zip Countr			itry	1	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 25	29 ress of Current Reg						Florida Statutes Yes S No 10. Name and Address of New Registered Agent			
	9, Marrie and Add	tess of Chitain use	listeran whe	<u>atir</u>		81	Name	IV. Name and Address of New N	Aistalan v	Mettr	
LHILED I	ANT I									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MILLER, J	IANET L. 16TH AVENUE					B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	LLE FL 32601					63	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
GAINESVI	LLE FL 32001				<u> </u>					T:Y	
					l'	84	City		FL	85 Zip (Code
11. Pursuant to office or reagent. Lac	to the provisions of Se egistered agent, or bo m familiar with, and as	ections 617.0502 and oth, in the State of Fic occept the obligations	617.1508, I orida. Such o of, Section	Florida Statut change was 8 617.0503, Fk	es, the ab authorized orida Statu	ove by	named corporations.	oration submits this statement for the on's board of directors. I hereby acce	ourpose of pt the appo	changing it pintment as	is registered registered
SIGNATURE											
	Signature Typed or printed na			(NOT		Age	ent signature required		DATE	DIDECTOR	70 111 40
12.	BD	OFFICERS AND DIR		DELETE	13.			ADDITIONS/CHANGES TO OFFI		Change	Addition Addition
TITLE	PD PARTIES PAR				1.1 TITE 1.2 NA					L.J Vikiliye	LLI AUGIDON
NAME DIRECT ADDRESS	Sheffield, Bob 412 Ne 16th Avi						1000000				
STREET ADDRESS	0444E0181EEE 04464						ADDRESS				•
CITY-ST-ZIP TITLE	VD	32001		DELETE	1.4 CIT 2.1 TITE		1-217			Change	Addition
NAME	MILLER, JANET L		h-		2.2 NAI					time average	
STREET ADDRESS						2 3 STREET ADDRESS					
CITY-ST-7:P	GAINESVILLE FL	VEHOL.			2 4 01						
TITLE	STD			DELETE	3.1 TIT			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	CHAPMAN, LISA	STORY			3.2 NAI	VE					
STREET ADORESS	412 N.E. 16TH A				3.3 STF	EET.	ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL	- -			3.4. CIT	ry-8	ST-ZIP				
TITLE				DELETE	4.1 TIT	LE				Change	☐ Addition
NAME					4. 2 NA	ME	l				
STREET ADDRESS					4.3 STF	REET	ADDRESS				
City-ST-ZiP					4.4 CIT	Y-\$	IT-ZIP				
TITLE	1			DELETE	5.1 TITI	LE	T			Change	Addition
NAME					5.2 NA	ME					
STREET ADDRESS					5.3 STF	REET	ADDRESS				
CITY-ST-ZIP					5.4 CIT	Y - S	T-ZIP				
TITLE			I	DELETE	6 1 TIT	LĒ	"			Change	Addition
NAME					6.2 NAI	ME					i
STREET ADDRESS					6.3 STF	REET	ADDRESS				

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 if changed, or on an attachment with an address. SIGNATURE:

6.4 CITY - ST - ZIP