FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N9400000307 (8)

KILLIAN COMPLEX CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 11941 U.S. HWY. ONE NORTH 11941 U.S. HWY, ONE NORTH NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-2846 3. Date Incorporated or Qualified 01/20/1994 3a. Date of Last Report 02/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-6463065 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILSON, J.L. Street Address (P.O. Box Number is Not Acceptable) 11941 U.S. HWY. ONE NORTH 83 NORTH PALM BEACH FL 33408 84 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PTSD 1 1 TITLE NAME WILSON, J.L. 1.2 NAME 11941 U.S. HWY. ONE NORTH STREET ADDRESS 1.3 STREET ADDRESS **NORTH PALM BEACH FL 33408** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE WILSON, O.G. NAME 2.2 NAME 11941 U.S. HWY. ONE NORTH 2.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 2. 4 CITY-ST-ZIP DITY - ST - 718 DELETE 3.1 TITLE Снапое Addition TITLE WILSON, SANDY J 32 NAME NAME 11941 U.S. HWY, ONE NORTH STREET ADDRESS 3.3 STREET ADDRESS NORTH PALM BEACH FL 33408 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZiP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

information indicated on this annual report or supplemental annual report is frue 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

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

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

56/-775 6021

FILED

Jan 22 1997 8:00am

Secretary of State

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