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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000004090 (4)

1. Corporation Name

KAYLEE ESTATES OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 450  
FREEPORT FL 32439

POST OFFICE BOX 450  
FREEPORT FL 32439-0450

3. Date Incorporated or Qualified  
08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 17209 US HWY 331 SOUTH

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 FREEPORT FL

City & State

28

Zip

24 32439

Country

25 USA

Zip

29

Country

30

4. FEI Number

☒ 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

PERRY, MIKEL LEE  
17209 U.S. HIGHWAY 331  
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPD ☐ DELETE  
NAME PERRY, MIKEL LEE  
STREET ADDRESS POST OFFICE BOX 450 N/A  
CITY-ST-ZIP FREEPORT FL 32439

TITLE STD ☐ DELETE  
NAME PERRY, JOSEPH JACKSON  
STREET ADDRESS POST OFFICE BOX 450 N/A  
CITY-ST-ZIP FREEPORT FL 32439

TITLE D ☒ DELETE  
NAME HOLLEY, MONICA  
STREET ADDRESS POST OFFICE BOX 450 N/A  
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS MOULTON, LENORE  
4.4 CITY-ST-ZIP POST OFFICE BOX 450 N/A  
FREEPORT FL 32439

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS \$BANK  
6.4 CITY-ST-ZIP VB 2-b

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:

Signature and typed or printed name of signing officer or director

1-14-97

(904)835-3200

CR2E037 (9/96)