NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800000050

1. Corporation Name

Kinsail at Siesta Court Property Owners' Association, Inc.

Principal Place of Business

Mailing Address

1744 Tarpon Drive Tallahassee, FL. 32308 1744 Tarpon Drive Tallahassee, FL. 32308

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		
├ <del></del> -		26 1744 Tarpon Drive		,	{	
Suite, Apt. #, etc. Suite Apt. #, etc.			LTAG	January 6, 1998 4. FEJ Number	Applied For	
22		27		APPLIED FOR	Not Applicable	
City & State		City & State			\$8.75 Additional	
23		28 Tallahassee.	Klarida	5. Certificate of Status Desired [1]	Fee Required	
Zip	Country	Zιρ	Country	6. Election Campaign Financing	\$5.00 May Be	
24	[25]	29 32308 30	USA	Trust Fund Contribution	Added to Fees	
<del></del>	9. Name and Address of Current	T-T-1 - T-2-5-6-5	YI DOM	10. Name and Address of New Registered		
James R. Guerino						
	ket Street	obert C. Camp				
			82 Street Address (P.O. Box Number is Not Acceptable) 1744 Tarpon Drive			
Tallanas	see, Florida 32312		83	144 Tarpon Diive		
			1 1			
			84 City		85 Zip Code	
Tallahassee, FL   32308   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 prid agent the obligations of, Section 617.0503, Florida Statutes.						
office or re	gistered agent, or both, in the State of	Fibrida Such change was auth	orized by the corpo	ration's board of directors. Thereby accept the app	ointment as registered	
agent. Lan	n familiar with which are ept the obligation	of, Section 617.0503, Florida	a Statutes			
SIGNATURE	Signature types to himse frame of real side of expent a	and title if applicable (NOTt Re	gestered Agent signature o	spined when reinstatings STATE	<u> </u>	
12.		DIRECTORS	gisterea Agent signaturi. N 13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	<b>X</b> DELETE	117014	PD	KI Change [] Addition	
NAME	R.R. Yates, Jr.		12 NAME		1	
STREET ADDRESS	1493 Market Street		13 STREET ADDRESS	Robert C. Camp	K.C. Coolby P. C. Coolby P. C. C. Coolby P. C.	
CITY-ST-ZIP		22.52	14 City-St-ZiP	1744 Tarpon Drive	JĒ,	
TITLE	Tallahassee, FL. 32 VD	X DELETE	21 TillE	Tallahassee, FL. 32308	KI Change [   Addition   O	
NAME	James R. Guerino	Ma Decert	22 NAME		E Pastion	
1				Spurgeon Camp	1	
STREET ADDRESS	1493 Market Street	10010	23 STREET ADDRESS	2307 Ellicott Drive	ł	
CITY-ST-ZIP TITLE	Tallahassee, FL. 3	X DELETE	2 4 OTY-51-7#* 3 1 THEE	Tallahassee, FL. 32312	KI Change [ ] Addition	
ı J	STD Susan Platt	ZE DELETE	3.2 NAME	STD	K Change [ Addition	
NAME			<b>)</b>	Ann Camp	}	
STREET ADDRESS	1493 Market Street	10.10	33 STREET ADDRESS	2307 Ellicott Drive	ļ	
CITY-ST-ZIP	Tallahassee, FL. 32	DELETE	34 CITY-ST-ZIF	Tallahassee, FL. 32312	F)Change Fladden	
TIFLE		□ pere ie	4 1 TiTLE	الله والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى	[] Change [] Addition	
NAME			4 2 NAME	800002800 -03/10/99	Jは1.は~~-ゴ   -	
STREET ADDRESS			4 3 STREET ADORESS			
CITY-ST-ZIP		(,) DECETE	4.4 CiTy-ST-ZiP	*****·1.25	*****61.25	
TITLE		(.) DECETE	5.1 TITLE 5.2 NAME		['] Change ['] Addition	
NAME					]	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		Fineres	54 CITY-ST-ZIP 61 TITLE			
TITUE		[] DELETE	1		Change (Addition)	
NAME			. 62 NAME		~ 1. 10577 '	
STREET ADDRESS			63 STREET ADORESS		2/7	
CITY-ST-ZIP			64 CITY-ST-ZIP		<u> </u>	
14. I Dereby Ca	enny mai ine information suonited with	TOIS BUILD GORS DOT GUALITY for th	ie exemption stated	in Section 119.07(3)(i). Florida Statutes, I further of	erity that the intermation	

I 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 informatic indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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 of an attachment with an address, with all other like empowered.

SIGNATURE WHO THEO OR BUT HED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

3-10-95