

FILE NOW: FILING FEE IS \$61.25

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

1744 Tarpon Drive
Tallahassee, FL. 32308

Mailing Address

1744 Tarpon Drive
Tallahassee, FL. 32308

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 1744 Tarpon Drive

27 Suite, Apt. #, etc.

28 Tallahassee, Florida

29 32308 30 USA

9. Name and Address of Current Registered Agent

James R. Guerino
1493 Market Street
Tallahassee, Florida 32312

81 Name

Robert C. Camp

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

1744 Tarpon Drive

83

84 City

Tallahassee,

85 Zip Code
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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

3-10-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME R.R. Yates, Jr.
STREET ADDRESS 1493 Market Street
CITY-ST-ZIP Tallahassee, FL. 32312

TITLE VD ☒ DELETE

NAME James R. Guerino
STREET ADDRESS 1493 Market Street
CITY-ST-ZIP Tallahassee, FL. 32312

TITLE STD ☒ DELETE

NAME Susan Platt
STREET ADDRESS 1493 Market Street
CITY-ST-ZIP Tallahassee, FL. 32312

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

11 TITLE PD ☒ Change ☐ Addition

12 NAME Robert C. Camp
13 STREET ADDRESS 1744 Tarpon Drive
14 CITY-ST-ZIP Tallahassee, FL. 32308

21 TITLE VD ☒ Change ☐ Addition

22 NAME Spurgeon Camp
23 STREET ADDRESS 2307 Ellicott Drive
24 CITY-ST-ZIP Tallahassee, FL. 32312

31 TITLE STD ☒ Change ☐ Addition

32 NAME Ann Camp
33 STREET ADDRESS 2307 Ellicott Drive
34 CITY-ST-ZIP Tallahassee, FL. 32312

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
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51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

Daytime Phone #

CR2E037 (11/98)