5/2/00-90105-026-$61.25-$61.25

Pg. 1 of

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

949956

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000000050

1. Entity Name

KINSAIL AT SIESTA COURT PROPERTY OWNERS' ASSOCIA

Principal Place of Business	Mailing Address
1744 TARPON DRIVE TALLAHASSEE FL 32308	1744 TARPON DRIVE TALLAHASSEE FL 32308-4731

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMP, ROBERT C
1744 TARPON DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMP, ROBERT C R		NAME	
STREET ADDRESS	1744 TARPON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMP, SPURGEON		NAME	
STREET ADDRESS	2307 ELLICOTT DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMP, ANN		NAME	
STREET ADDRESS	2307 ELLICOTT DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5-29-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pg. 2 of 2

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
KINSAIL AT SIESTA COURT PROPERTY OWNERS' ASSOCIATION, INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
1744 TARPON DRIVE

5a Business address (if different from address in lines 4a and 4b)

4b City, state, and ZIP code
TALLAHASSEE, FL 32308

5b City, state, and ZIP code

6 County and state where principal business is located
LEON COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN required (See instructions.) ▶ 265-38-4431
ROBERT C. CAMP

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ _____
- ☑ Other (specify) ▶ HOMEOWNERS' ASSOCIATION
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator - SSN _____
- ☐ Other corporation (specify) ▶ _____
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.)

- ☑ Started new business (specify) ▶ HOMEOWNERS' ASSOCIATION
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶ _____
- ☐ Changed type of organization (specify) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ _____
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
1998

11 Closing month of accounting year (See instructions.)
-12- DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-.* (See instructions.) ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ HOMEOWNERS' ASSOCIATION

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☑ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
850-656-4752

Name and title (Please type or print clearly.) ▶
ROBERT C. CAMP, PRESIDENT

Fax telephone number (include area code)
850-656-7544

Signature ▶ Date ▶ 6-7-00

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying