

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90606 020 *****61.25

DOCUMENT # N98000000050

1. Entity Name

KINSAIL AT SIESTA COURT PROPERTY OWNERS' ASSOCIA

Principal Place of Business

**1744 TARPON DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**1744 TARPON DRIVE
TALLAHASSEE FL 32308**

2. Principal Place of Business

3402 Apalachee Parkway

3. Mailing Address

3402 Apalachee Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3652533 APPLIED FOR

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32311

Country

USA

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMP, ROBERT C R	
STREET ADDRESS	1744 TARPON DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAMP, SPURGEON	
STREET ADDRESS	2307 ELLICOTT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CAMP, ANN	
STREET ADDRESS	2307 ELLICOTT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JIMMY R.	
STREET ADDRESS	3402 Apalachee Parkway	
CITY-ST-ZIP	Tallahassee, Florida 32311	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele Johnston	
STREET ADDRESS	3402 Apalachee Parkway	
CITY-ST-ZIP	Tallahassee, Florida 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01

545-6851

Date

Daytime Phone #

CR2E037 (10/00)