**2003 NOT-FOR-PROFIT CORPORATION** 

<b>LUI</b>	NEORM BUSINE	SS REPORT	(UBR)						
DOCUMENT # N9800000050  1. Entity Name					FILED				
KINSAIL AT SIESTA COURT PROPERTY OWNERS' ASSOCIATION, INC.						SEP 10 AM			
Principal Plac 8402 APALACH TALLAHASSEE		Mailing Address  8402 APALACHES PKWY  TALLAHASSEE FL 32311	22-APALACHEE-PKWY			RETARY OF S AHASSEE, FO			
2. Principal P	Place of Business SIESTA COURT	3. Mailing Address ##32 5/E57	ailing Address 4432 SIESTA COURT						
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State TALLAMASSEE, FL 7		City & State  TALLAHASSE	City & State  ALLAHASSEE, FL		4. FEI Number 59	-3652533	<del></del>	plied For at Applicable	
Zip_32:		32309	Country_US	4	<b>~5</b> .≏Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and Add	ress of New Registe	red Agent		
CAMP, ROBERT C				Name BoBBY YORK Street Address (P.O. Box Number is Not Acceptable)					
1 <del>744 TARPON DRIVE</del> Tallahass <del>ee fl. 32308</del>				443	32 SIEST	TA COURT	r		
			City		HAHASSEE		FL Zip Cod	2309	
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. I am familiar with, and accept the obligations of registered agent.									
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  After September 10, 2003, min will be \$236.25  9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		heck Payable partment of S		
10.	OFFICERS AND DIR	ECTORS	11.	A	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMP, ROBERT C R 1744 TARPON DRIVE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOB 1443:	BY YORK I SIESTA C HAHASSEE,	OURT EL 3230	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, JIMMY R 3402 APALACHEE PKWY TALLAHASSEE FL 32311	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	777~	300	02336e 0107201:	☐ Change 3153	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSTON, MICHELE 3402 APALACHEE PKWY TALLAHASSEE FL 32311	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

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:

9-9-03