

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045578 (8)

1. Corporation Name

KILLEARN LAKES RACQUET & SWIM CLUB INC.



Principal Place of Business

4926 SIX OAKS DRIVE
TALLAHASSEE FL 32312

Mailing Address

4926 SIX OAKS DRIVE
TALLAHASSEE FL 32312

2. Principal Place of Business

2a. Mailing Address

21 4926 Six Oaks Dr.

26 4926 Six Oaks Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 ~~Tallahassee~~

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32303

25 Leon

29 32303

30 Leon

9. Name and Address of Current Registered Agent

CASTER, MARK
4926 SIX OAKS DRIVE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

4. FEI Number

59-3318626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81

Name

Mark Caster

82

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

83

3666 Dwight Davis Dr.

84

City

Tallahassee

FL

85

Zip Code

32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mark D. Caster

Mark D. Caster

1/16/96

Signature of person making or registered agent for the corporation

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME CASTER, MARK
STREET ADDRESS 4926 SIX OAKS DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

D
NAME PRASEK, MARK
STREET ADDRESS 4926 SIX OAKS DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32303

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32303

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark D. Caster
Mark D. Caster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

DATE

904 878 3000

TELEPHONE #

CR2E034 (12/95)