

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90104 019 \*\*\*\*61.25

DOCUMENT # N08747

1. Corporation Name

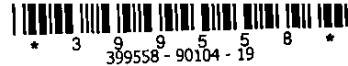
KILLARNEY BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

505 WEKIVA SPRINGS ROAD  
SUITE 500  
LONGWOOD FL 32779  
US

Mailing Address

505 WEKIVA SPRINGS ROAD  
SUITE 500  
LONGWOOD FL 32779  
US



2. Principal Place of Business

21 135 W. Pineview St

Suite, Apt. #, etc.

22 Altamonte Springs, FL

City & State

23 32714 US

Zip Country

24 25

2a. Mailing Address

26 135 W. Pineview St.

Suite, Apt. #, etc.

27 Altamonte Springs, FL

City & State

28 32714 US

Zip Country

29 30

3. Date Incorporated or Qualified

04/16/1985

4. FEI Number

59-2779221

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

9. Name and Address of Current Registered Agent

REGENCY PROFESSIONAL MGMT INC  
505 WEKIVA SPRINGS ROAD  
SUITE 500  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name  
Presidential Group South, Inc.

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

83

84 City  
Altamonte Springs FL 85 Zip Code  
32714

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]* Anthony Guadagnino, President 4/20/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE  
NAME POPADITCH, SUZANNE  
STREET ADDRESS 240 KILLARNEY BAY CT  
CITY-ST-ZIP WINTER PARK FL 32751

TITLE PD ☒ DELETE  
NAME HOLMES, JOHN  
STREET ADDRESS 811 N MAGNOLIA AVE  
CITY-ST-ZIP ORLANDO FL 32789

TITLE TD ☒ DELETE  
NAME BREWER III, DENNY H  
STREET ADDRESS 550 KILLARNEY BAY CT  
CITY-ST-ZIP WINTER PARK FL

TITLE SD ☒ DELETE  
NAME KELLER, CHERYL  
STREET ADDRESS 1023 CANOVIA AVENUE  
CITY-ST-ZIP COLLEGE PARK FL 32804

TITLE D ☒ DELETE  
NAME THORNTON, ROBERT  
STREET ADDRESS 630 KILLARNEY BAY COURT  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP PD

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Bill Tennant  
2.3 STREET ADDRESS 430 Killarney Bay Ct.  
2.4 CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Theresa Skladany  
3.3 STREET ADDRESS 720 Killarney Bay Ct.  
3.4 CITY-ST-ZIP Winter Park, FL 32789

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Kathie Sittmann  
4.3 STREET ADDRESS 730 Killarney Bay Ct.  
4.4 CITY-ST-ZIP Winter Park, FL 32789

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Frances Vanderberg  
5.3 STREET ADDRESS 110 Killarney Bay Ct.  
5.4 CITY-ST-ZIP Winter Park, FL 32789

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)