

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90005 007 \*\*\*\*61.25

**DOCUMENT # N08747**

1. Entity Name

**KILLARNEY BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS FL 32714  
US

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS FL 32714  
US

2. Principal Place of Business

3. Mailing Address

**444 WEST NEW ENGLAND AVE** ← *Some*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE B**

← *Some*

City & State

City & State

**WINTER PARK, FL**

Zip

Country

Zip

Country

**32789**

**USA**

**32789**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number

**59-2779221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**PRESIDENTIAL GROUP SOUTH, INC.**  
**135 W PINEVIEW STREET**  
**ALTAMONTE SPRINGS FL 32714**

Name

**SPECIALTY MANAGEMENT COMPANY**

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

**444 WEST NEW ENGLAND AVE, STE B**

City

**WINTER PARK**

FL

Zip Code

**32789**

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          | VPD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SIGHTLER, JIM           |  |
| STREET ADDRESS | 560 KILLARNEY BAY CT    |  |
| CITY-ST-ZIP    | WINTER PARK FL 32789    |  |
| TITLE          | SD                      | <input type="checkbox"/> Delete            |
| NAME           | HEID, RUSSELL           |  |
| STREET ADDRESS | 120 KILLARNEY BAY CT    |  |
| CITY-ST-ZIP    | WINTER PARK FL 32789    |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SKIADANY, THERESA       |  |
| STREET ADDRESS | 720 KILLARNEY BAY CT    |  |
| CITY-ST-ZIP    | WINTER PARK FL 32789    |  |
| TITLE          | TR                      | <input type="checkbox"/> Delete            |
| NAME           | SITTMANN, KATHIE KATHE  |  |
| STREET ADDRESS | 730 KILLARNEY BAY COURT |  |
| CITY-ST-ZIP    | WINTER PARK FL 32789    |  |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | THORNTON, BOB           |  |
| STREET ADDRESS | 630 KILLARNEY BAY CT    |  |
| CITY-ST-ZIP    | WINTER PARK FL 32789    |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VPD                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | WHISONANT, REID       |  |
| STREET ADDRESS | 540 KILLARNEY BAY CT  |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789 |  |
| TITLE          | SD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | TAYLOR, JILL          |  |
| STREET ADDRESS | 740 KILLARNEY BAY CT  |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789 |  |
| TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | TD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SCHNEIDER, MICHAEL    |  |
| STREET ADDRESS | KILLARNEY BAY CT      |  |
| CITY-ST-ZIP    | WINTER PARK, FL 32789 |  |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

407-644-2906

CR2E037 (9/01)