

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90112 008 \*\*\*\*61.25

**DOCUMENT # N08747**

1. Entity Name

**KILLARNEY BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**444 WEST NEW ENGLAND AVE  
SUITE B  
WINTER PARK FL 32789  
US**

Mailing Address  
**444 WEST NEW ENGLAND AVE  
SUITE B  
WINTER PARK FL 32789  
US**

2. Principal Place of Business

**882 JACKSON AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**882 JACKSON AVE**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Winter Park FL**

Zip  
**32789**

Country  
**USA**

City & State  
**Winter Park FL**

Zip  
**32789**

Country  
**USA**

4. FEI Number **59-2779221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPECIALTY MANAGEMENT COMPANY  
444 WEST NEW ENGLAND AVE STE B  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

**882 JACKSON AVE**

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. 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

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**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHISONANT, REID	
STREET ADDRESS	540 KILLARNEY BAY CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEID, RUSSELL	
STREET ADDRESS	120 KILLARNEY BAY CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JILL	
STREET ADDRESS	740 KILLARNEY BAY CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SITTMANN, KATHIE	
STREET ADDRESS	730 KILLARNEY BAY COURT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, MICHAEL	
STREET ADDRESS	KILLARNEY BAY CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whisonant, Reid	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urban, Kathleen	
STREET ADDRESS	110 Killarney Bay Ct.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Jill	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan, Charles	
STREET ADDRESS	410 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: *Kathie Sittmann* **REQUIRED**

CR2E037 (10/02)