FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N93000005121 (9)**

1. Corporation Name

KISSIMMEE OAKS HOUSING I, INC.

Principal Place of Business	Mailing Address
1099 SHADY LANE KISSIMMEE FL 34744	1099 SHADY LANE KISSIMMEE FL 34744

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3228411** ☐ 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

9. Name and Address of Current Registered Agent

HOAGLAND, BEVERLY
1099 SHADY LANE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAHER, KEN		1.2 NAME		
STREET ADDRESS	2409 PARADISE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLON, GERMAN		2.2 NAME		
STREET ADDRESS	259 E. CEDARWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, TOM		3.2 NAME		
STREET ADDRESS	920 N BERMUDA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE	Director - Se	☒ Change ☐ Addition
NAME	MIKE, CARRK		4.2 NAME	Mike Carr	
STREET ADDRESS	2710 N ORANGE BLOSSOM TRAIL		4.3 STREET ADDRESS	1001 Buenaventura Blvd	
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PITETTI, MARY		5.2 NAME		
STREET ADDRESS	2355 KISSIMMEE PARK RD.		5.3 STREET ADDRESS	1120 W. Donegan Avenue	
CITY-ST-ZIP	ST. CLOUD FL 34769		5.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, RUSSELL		6.2 NAME		
STREET ADDRESS	1598 ANORADO BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Mike Carr) 2/28/96 (407)348-8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #