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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-3228411

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOAGLAND, BEVERLY
1099 SHADY LANE
KISSIMMEE FL 34744**

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

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

Beverly Houglan, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **MAHER, KEN**
STREET ADDRESS **2400 PARADISE DR**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **DV** ☐ DELETE

NAME **COLON, GERMAN**
STREET ADDRESS **250 E. CEDARWOOD**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **DT** ☐ DELETE

NAME **CARR, MIKE**
STREET ADDRESS **1001 BUENA VENTURA BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE

NAME **HOLLIS, MARY**
STREET ADDRESS **1691 ANDREA COURT**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☒ DELETE

NAME **ANDERSON, RUSSELL**
STREET ADDRESS **1506 ANORADO BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

Maheer, President

Ken Maheer

CR2E037 (10/97)