

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08747

**Entity Name:** KILLARNEY BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**8261304770CC**

**Current Principal Place of Business:**

C/O HMI  
760 FLORIDA CENTRAL PARKWAY SUITE 200  
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HMI  
760 FLORIDA CENTRAL PARKWAY SUITE 200  
LONGWOOD, FL 32750 US

**FEI Number: 59-2779221**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HMI  
C/O HMI  
760 FLORIDA CENTRAL PARKWAY SUITE 200  
LONGWOOD, FL 32750 US

*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: LORIE FULKES**

**04/23/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SERAGO JR, DOMINICK  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY  
Name            PETRAVICH, JESSICA  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            BURNS, ANNE MARIE  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            SAVKO, JAMES  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            SCHERER, BARBARA  
Address        C/O HMI  
                  760 FLORIDA CENTRAL PARKWAY  
                  SUITE 200  
City-State-Zip: LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DOMINICK SERAGO JR**

**PRESIDENT**

**04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date