


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90033 020 \*\*\*\*61.25

<b>DOCUMENT # N04000004673</b>	
<b>1. Entity Name</b> KISSIMMEE GARDENS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2526 PRAIRIE DR KISSIMMEE, FL 34741	<b>Mailing Address</b> 2526 PRAIRIE DR KISSIMMEE, FL 34741
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03112005 Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 20-2063682	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
VANKESTEREN, WILLIAM R 2526 PRAIRIE DR KISSIMMEE, FL 34741	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

**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** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> HUNT, BILL <b>STREET ADDRESS</b> 2474 TOHOPE BLVD <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> MARY LOU SHOOK <b>STREET ADDRESS</b> 2517 PRAIRIE DR <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> MILLER, FOREST <b>STREET ADDRESS</b> 2490 LONGHORN CT <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> JOSEPH BIASONE <b>STREET ADDRESS</b> 2529 PRAIRIE DR <b>CITY-ST-ZIP</b> KISSIMMEE FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BOWLSBY, FAY <b>STREET ADDRESS</b> 2466 BRAHMA DR <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> MARY SANDERSON <b>STREET ADDRESS</b> 2518 WYATT PLACE <b>CITY-ST-ZIP</b> KISSIMMEE FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> DOUGHERTY, JAMES R <b>STREET ADDRESS</b> 2526 CODY PLACE <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> PAUL LOUIS <b>STREET ADDRESS</b> 2513 PRAIRIE DR <b>CITY-ST-ZIP</b> KISSIMMEE FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> VANKESTEREN, WILLIAM R <b>STREET ADDRESS</b> 2526 PRAIRIE DR <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> TONY NATOLI <b>STREET ADDRESS</b> 2524 MESQUITE PLACE <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BABBS, VERNON <b>STREET ADDRESS</b> 2542 PRAIRIE DR <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> DON MARLETT <b>STREET ADDRESS</b> 2521 CODY PLACE <b>CITY-ST-ZIP</b> KISSIMMEE FL 34741	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** W.R. Van Kesteren  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-05  
Date

Daytime Phone #