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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08747 (0)

1. Corporation Name
KILLARNEY BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1620 N. COUNTY ROAD 427 LONGWOOD FL 32750 US	Mailing Address 1620 N. COUNTY ROAD 427 LONGWOOD FL 32750-3401 US
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2. Principal Place of Business 21 REGENCY PROFESSIONAL MANAGEMENT, INC.	2a. Mailing Address 26 REGENCY PROFESSIONAL MANAGEMENT, INC.	3. Date Incorporated or Qualified 04/16/1985	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2779221	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. City & State 22 407 WEKIVA SPGS. RD., #213 LONGWOOD, FL	7. City & State 27 407 WEKIVA SPGS. RD., #213 LONGWOOD, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Zip 24 32779	8. Country 25 US	9. Zip 29 32779	9. Country 30 US

9. Name and Address of Current Registered Agent

**PARK AVE LEASING & MGMT INC
1620 N. COUNTY ROAD 427
LONGWOOD 32750**

10. Name and Address of New Registered Agent

**81 Name REGENCY PROFESSIONAL MANAGEMENT., INC.
82 Street Address (P.O. Box Number is Not Acceptable) ATTN: ROBIN LIEBMAN
83 407 WEKIVA SPRINGS RD., SUITE 213
84 City LONGWOOD FL 85 Zip Code 32779**

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: *[Signature]* DATE: **4/2/97**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VANDERBURG, FRANCES
STREET ADDRESS	110 KILLARNEY BAY CT.
CITY-ST-ZIP	WINTER PARK FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SKLADAWY, THERESA
STREET ADDRESS	720 KILLARNEY BAY CT
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	POPODITEH, SUZANNE
STREET ADDRESS	210 KILLARNEY BAY COURT
CITY-ST-ZIP	WINTER PARK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FIKE, MABELINE
STREET ADDRESS	120 KILLARNEY BAY COURT
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POPADITCH, SUZANNE
1.3 STREET ADDRESS	240 KILLARNEY BAY CT.
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN HOLMES
2.3 STREET ADDRESS	811 NORTH MAGNOLIA AVE.
2.4 CITY-ST-ZIP	ORLANDO, FL 32803
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DENNY H. BREWER III
3.3 STREET ADDRESS	550 KILLARNEY BAY CT.
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT THORNTON
5.3 STREET ADDRESS	630 KILLARNEY BAY CT.
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/2/97**

CR2E037 (9/96)