

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>407 WEKIVA SPRGS RD #213 LONGWOOD FL 32779 US</b>	Mailing Address <b>407 WEKIVA SPRGS RD #213 LONGWOOD FL 32779 US</b>
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3. Date Incorporated or Qualified <b>04/16/1985</b>	
4. FEI Number <b>59-2779221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 505 Wekiva Springs Rd</b> Suite, Apt. #, etc. <b>22 Suite 500</b> City & State <b>23 Longwood, Fl</b> Zip <b>24 32779</b>	2a. Mailing Address <b>26 505 Wekiva Springs Rd</b> Suite, Apt. #, etc. <b>27 Suite 500</b> City & State <b>28 Longwood, Fl</b> Zip <b>29 32779</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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9. Name and Address of Current Registered Agent  
**REGENCY PROFESSIONAL MGMT INC  
407 WEKIVA SPRGS RD STE 213  
%LIEBMAN  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**505 Wekiva Springs Rd, Suite 500**  
**83**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD POPADITCH, SUZANNE 240 KILLARNEY BAY CT WINTER PARK FL	1.1 TITLE	VPD Popaditch, Suzanne 1889 Berkley Court Maitland, FL. 32751
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD HOLMES, JOHN 811 N MAGNOLIA AVE ORLANDO FL	2.1 TITLE	PD Holmes, John 640 Killarney Bay Court Winter Park, FL. 32789
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BREWER III, DENNY H 550 KILLARNEY BAY CT WINTER PARK FL	3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD FIKE, MABELINE 120 KILLARNEY BAY COURT WINTER PARK FL	4.1 TITLE	SD Keller, Cheryl 1023 Canovia Ave. College Park, FL. 32804
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D THORNTON, ROBERT 630 KILLARNEY BAY COURT WINTER PARK FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	Popaditch, Suzanne		
13 STREET ADDRESS	1889 Berkley Court		
14 CITY-ST-ZIP	Maitland, FL. 32751		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	Holmes, John		
23 STREET ADDRESS	640 Killarney Bay Court		
2.4 CITY-ST-ZIP	Winter Park, FL. 32789		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Keller, Cheryl		
4.3 STREET ADDRESS	1023 Canovia Ave.		
4.4 CITY-ST-ZIP	College Park, FL. 32804		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 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: *Suzanne Popaditch* 1-27-98 407-786-5700

CP2E037 (10/97)