FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15180** **(5)**

1. Corporation Name

DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY , INC.

Principal Place of Business	Mailing Address
17608 DEER ISLE CIRCLE PO BOX 26 KILLARNEY FL 34740-7026	17608 DEER ISLE CIRCLE PO BOX 26 KILLARNEY FL 34740-7026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1986**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-2781547** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARKHEIM, RICHARD
17717 DEER ISLE CIRCLE
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	SD	☑ Change ☐ Addition
NAME	LACROIX, DEBBIE	12 NAME		
STREET ADDRESS	P.O. BOX 279 (N/A)	13 STREET ADDRESS		
CITY ST ZIP	KILLARNEY FL 34740	14 CITY ST ZIP		
TITLE	~~VD~~	21 TITLE	PD	☑ Change ☐ Addition
NAME	~~BROWN, BOB~~	22 NAME	Salman, Justin	
STREET ADDRESS	~~P.O. BOX 141383 (N/A)~~	23 STREET ADDRESS	P.O. Box 366	
CITY ST ZIP	~~ORLANDO FL 32814~~	24 CITY ST ZIP	Killarney, Fl	
TITLE	~~SD~~	31 TITLE	TD	☑ Change ☐ Addition
NAME	BRINKMAN, BOB	32 NAME		
STREET ADDRESS	P.O. BOX 310 (N/A)	33 STREET ADDRESS		
CITY ST ZIP	KILLARNEY FL	34 CITY ST ZIP		
TITLE	~~TD~~	41 TITLE	D	☑ Change ☐ Addition
NAME	~~FREEMAN, BOB~~	42 NAME	Wheeler, Mark	
STREET ADDRESS	~~P.O. BOX 218 (N/A)~~	43 STREET ADDRESS	P.O. Box 4391	
CITY ST ZIP	~~KILLARNEY FL 34740~~	44 CITY ST ZIP	Winter Park, Fl	
TITLE	~~PD~~	51 TITLE	VD	☑ Change ☐ Addition
NAME	MARKHEIM, RICHARD	52 NAME		
STREET ADDRESS	17717 DEER ISLE CIR.	53 STREET ADDRESS		
CITY ST ZIP	WINTER GARDEN FL	54 CITY ST ZIP		
TITLE	~~SD~~	61 TITLE	D	☐ Change ☑ Addition
NAME	THATCHER, CYNDI	62 NAME	Lapin, Ron	
STREET ADDRESS	PO BOX 353 N/A	63 STREET ADDRESS	17800 Bonnievista Ct.	
CITY ST ZIP	KILLARNEY FL	64 CITY ST ZIP	Winter Garden, Fl	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Justin S. Salman President D/N/A. 4/10/95 851-3510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0073873