

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N15180** (5)

1. Corporation Name

DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY, INC.

Principal Place of Business

17608 DEER ISLE CIRCLE
PO BOX 26
KILLARNEY FL 34740-7026

Mailing Address

17608 DEER ISLE CIRCLE
PO BOX 26
KILLARNEY FL 34740-7026



3. Date Incorporated or Qualified
05/30/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKHEIM, RICHARD
17717 DEER ISLE CIRCLE
WINTER GARDEN FL 34787

81 Name

WHEELER, MARK

82 Street Address (P.O. Box Number is Not Acceptable)

2180 PARK AVENUE NORTH, SUITE 326

83

84 City

WINTER PARK

FL

85 Zip Code

32789

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

Mark Wheeler
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LACROIX, DEBBIE	
STREET ADDRESS	P.O. BOX 279 (N/A)	
CITY-ST-ZIP	KILLARNEY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SALMAN, JUSTIN	
STREET ADDRESS	P.O. BOX 366	
CITY-ST-ZIP	KILLARNEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRINKMAN, BOB	
STREET ADDRESS	P.O. BOX 310 (N/A)	
CITY-ST-ZIP	KILLARNEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELER, MARK	
STREET ADDRESS	P.O. BOX 4391	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARKHEIM, RICHARD	
STREET ADDRESS	17717 DEER ISLE CIR.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAPIN, RON	
STREET ADDRESS	17800 BONNIEVISTA CT	
CITY-ST-ZIP	WINTER GARDEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Alan Burns	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	17801 Bonnierivista Ct.	
1.3 STREET ADDRESS	Winter Garden, FL 34787	
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Walker	
2.3 STREET ADDRESS	P.O. Box 296 (N/A)	
2.4 CITY-ST-ZIP	Killarney, FL 34740	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shannon Hellard	
3.3 STREET ADDRESS	17687 Deer Isle Cir.	
3.4 CITY-ST-ZIP	Winter Garden, FL 34787	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mark Wheeler	
4.3 STREET ADDRESS	P.O. Box 4391 (N/A)	
4.4 CITY-ST-ZIP	Killarney, FL 34740	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dora Chastang	
5.3 STREET ADDRESS	P.O. Box 329 (N/A)	
5.4 CITY-ST-ZIP	Killarney, FL 34740	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frankes McCurny	
6.3 STREET ADDRESS	P.O. Box 276 (N/A)	
6.4 CITY-ST-ZIP	Killarney, FL 34740	

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)(k), 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:

Mark Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96
Date

407-290-8834
Daytime Phone #

CR2E037 (12/95)