FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

(5)

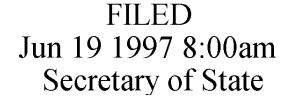
DOCUMENT # **DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY** , INC.

Principal Place of Business

Mailing Address

17608 DEER ISLE CIRCLE

17608 DEER ISLE CIRCLE





| PO BOX 26 | | PO BOX 26 KILLARNEY FL 34740-0026 | | | |
|--|---|--------------------------------------|------------------------------------|---|---|
| KILLARNEY FL 34740-7026 | | | | 3. Date Incorporated or Qualified 05/30/1986 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 2180 PARIC A | ieus N. | 59-2781547 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 SURG 326 | | or defined of elated points | Fee Required |
| City & State | | City & State | | | \$5.00 May Be |
| Zip | Country | 28 W/Wi | Country | Trust Fund Contribution | Added to Fees |
| 2(p 24 | 25 | 29 32789 3 | 7 . 4 | This corporation has liability for I Florida Statutes | ntangible tax under s. 199.032,] Yes No |
| 24 | 9. Name and Address of Currer | 1 - 1 - 1 - 1 - 1 | 1 4 24 | 10. Name and Address of New Re | |
| R1 Name | | | | | |
| WHEELER, MARK 82 Street Add | | | | SHANNON HELLARD | |
| 2180 PARK AVENUE, N. | | | | 17687 DEER SLE CIRCLE | |
| SUITE 326 | | | | | |
| MINITED DADY BI 20700 | | | | | |
| WINTER GARDON FL 34787 | | | | | |
| 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. | | | | | |
| agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE Shame 1 William (NOTE: Registered Agent signature required when reinstating) 4-26-9 DATE | | | | | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | D | DELETE | 1.1 TITLE | 50 | ☐ Change 🔼 Addition |
| NAME | alan Burns | | 1.2 NAME | DEBISIC LACROIX | A \ Z. |
| STREET ADDRESS | 17801 BONNIEVISTA CT | | 1.3 STREET ADDRESS | P.O. BOX 279 | ~. IU/A |
| CITY-ST-ZIP | WINTER GARDEN FL | | 1.4 CITY - ST - ZIP | KRUARNEY, FL 34 | 740 /1 |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | 60000221 | Change Addition |
| NAME | JOHN WALKER | | 2.2 NAME | -06/20/970101 | 2 |
| STREET ADDRESS | P. O. BOX 296 N/A | | 2.3 STREET ADDRESS | ***61,25 | .5 003 |
| CITY-ST-ZIP | KILLARNEY FL | DELETE. | 2, 4 CITY - ST - ZIP | | Change Addition |
| TITLE | VD | ☐ DELETE 《 | 3.1111) | Q A | Change Addition |
| NAME | SHANNON HELLARD 17687 DEER ISLE CIRCLE | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | WINTER GARDEN FL PD | DELETE | 3.4. CITY - \$T - ZIP 4.1 T∤TLE | and distance (5) | ☐ Change ☑ Addition |
| NAME | MARK WHEELER | zy occit | 4.1 ITILE 4.2 NAME | RICHARD MARKHEIM | Ci Onenile Kal vanition |
| NAME STREET ADDRESS | P. O. BOX 4391 N/A | | 4.3 STREET ADDRESS | 17717 DEGR ISLE CIRC | 16 |
| | KILLARNEY FL | | | | 34787 |
| CITY-ST-ZIP TITLE | SD SD | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | WINTER GARDEN, FL | Change Addition |
| NAME | DORA CHASTANG | ED VICEIC | 5.2 NAME | D to the second | 7 |
| STREET ADDRESS | P. O. BOX 329 N/A | | 5.3 STREET ADDRESS | JOHN WILSON P.O. BOX 278 | N/N |
| CITY-ST-ZIP | KILLARNEY FL | | 5.4 CITY-ST-ZIP | 1.0. BOX 278 KKLARNEY FL 3 | 4787 MN |
| TITLE | D | DELETE | 6.1 TITLE | BISCHESCH, ISS | Change Addition |
| NAME | FRANCES MCCURRY | | 6.2 NAME | | 1 10 |
| STREET ADDRESS | P. O. BOX 276 N/A | | 6.3 STREET ADDRESS | | (() () () |
| CITY-ST-ZIP | KILLARNEY FL | | 6.4 CITY-ST-ZIP | | |
| da i de berel | y solution to the state of the | | 0.4 0111 - 31 - £1F | totad in Caption 110 07/04). Florida Chatuta | (f. with an analytic short short |

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 If changed, or on an attachment with an address.