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Jun 19 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 # **N15180** (5)
1. Corporation Name
DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY, INC.



Principal Place of Business 17808 DEER ISLE CIRCLE PO BOX 26 KILLARNEY FL 34740-7026	Mailing Address 17808 DEER ISLE CIRCLE PO BOX 26 KILLARNEY FL 34740-0026
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3. Date Incorporated or Qualified 05/30/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 2180 PARK AVENUE N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 326
City & State 23	City & State 28 WINTER PARK, FL
Zip 24	Zip 29 32789
Country 25	Country 30 USA

4. FEI Number 59-2781547	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WHEELER, MARK
2180 PARK AVENUE, N.
SUITE 326
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
**81 Name SHANNON HELLARD
82 Street Address (P.O. Box Number is Not Acceptable) 17887 DEER ISLE CIRCLE
83
84 City WINTER GARDEN FL 85 Zip Code 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.

SIGNATURE *Shannon J. Hellard* DATE **4-26-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ALAN BURNS
STREET ADDRESS	17801 BONNIEVISTA CT
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JOHN WALKER
STREET ADDRESS	P. O. BOX 206 N/A
CITY-ST-ZIP	KILLARNEY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SHANNON HELLARD
STREET ADDRESS	17887 DEER ISLE CIRCLE
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MARK WHEELER
STREET ADDRESS	P. O. BOX 4391 N/A
CITY-ST-ZIP	KILLARNEY FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DORA CHASTANG
STREET ADDRESS	P. O. BOX 329 N/A
CITY-ST-ZIP	KILLARNEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANCES MCCURRY
STREET ADDRESS	P. O. BOX 276 N/A
CITY-ST-ZIP	KILLARNEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DARRIE LACROIX
1.3 STREET ADDRESS	P.O. BOX 279
1.4 CITY-ST-ZIP	KILLARNEY, FL 34740
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002217996
2.3 STREET ADDRESS	-06/20/97--01013--005
2.4 CITY-ST-ZIP	***61.25
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICHARD MARK HEIM
4.3 STREET ADDRESS	17717 DEER ISLE CIRCLE
4.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	JOHN WILSON
5.4 CITY-ST-ZIP	P.O. BOX 278
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KILLARNEY, FL 34787
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 if changed, or on an attachment with an address.

CP2E037 (9/96)