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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**17808 DEER ISLE CIRCLE
PO BOX 26
KILLARNEY FL 34740-7026**

**2180 PARK AVE. N.
SUITE 326
WINTER PARK FL 32789**

3. Date Incorporated or Qualified

05/30/1986

4. FEI Number

59-2781547

Applied For

Not Applicable

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

**HALLARD, SHANNON
17687 DEER ISLE CIRCLE
WINTER GARDEN FL 34787**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SO	☐ DELETE
NAME	LACROIX, DEBBIE	
STREET ADDRESS	P.O. BOX 279 N/A	
CITY-ST-ZIP	KILLARNEY FL 34740	
TITLE	TD	☒ DELETE
NAME	JOHN WALKER	
STREET ADDRESS	P. O. BOX 298 N/A	
CITY-ST-ZIP	KILLARNEY FL	
TITLE	PD	☒ DELETE
NAME	SHANNON HELLARD	
STREET ADDRESS	17687 DEER ISLE CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	☐ DELETE
NAME	MARKHEM, RICHARD	
STREET ADDRESS	17717 DEER ISLE CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	☐ DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	P. O. BOX 278 N/A	
CITY-ST-ZIP	KILLARNEY FL 34787	
TITLE	D	☒ DELETE
NAME	FRANCES MCCURRY	
STREET ADDRESS	P. O. BOX 278 N/A	
CITY-ST-ZIP	KILLARNEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Brans Alan	☐ Change ☒ Addition
1.2 NAME	17801 Connistia Ct.	
1.3 STREET ADDRESS	Winter Garden, FL 34787	
1.4 CITY-ST-ZIP		
2.1 TITLE	TD Christina, Larry	☐ Change ☒ Addition
2.2 NAME	P.O. Box 329 N/A	
2.3 STREET ADDRESS	Killarney, FL 34787	
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	☐ Change ☒ Addition
3.2 NAME	Laurick, John	
3.3 STREET ADDRESS	17802 Westbay Ct.	
3.4 CITY-ST-ZIP	Winter Garden, FL 34787	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Alan Loughheed	
4.3 STREET ADDRESS	17608 Deer Isle Circle	
4.4 CITY-ST-ZIP	Winter Garden, FL 34787	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

407 877 2706

Daytime Phone # 0012158

CR2E037 (10/97)