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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N15180**

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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/30/1986

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

9. Name and Address of Current Registered Agent

HALLARD, SHANNON  
17687 DEER ISLE CIRCLE  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name **Andrea Brackin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2180 PARK AVE. N. 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 *Andrea L. Brackin*

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

(NOTE: Registered Agent signature required when reinstating)

3/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE  
NAME **LACROIX, DEBBIE**  
STREET ADDRESS **P.O. BOX 279 N/A**  
CITY-ST-ZIP **KILLARNEY FL 34740**

TITLE **D** ☐ DELETE  
NAME **BRUNS, ALAN**  
STREET ADDRESS **17805 BONNIERSTA CT**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **TD** ☐ DELETE  
NAME **CHASTANG, LARRY**  
STREET ADDRESS **P.O. BOX 329 N/A**  
CITY-ST-ZIP **KILLARNEY FL 34740**

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 **PD** ☐ DELETE  
NAME **LAWRICK, JOHN**  
STREET ADDRESS **17802 WESTBURY CT**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition  
1.2 NAME **Lougheed, Allan**  
1.3 STREET ADDRESS **17608 Deer Isle Circle**  
1.4 CITY-ST-ZIP **Winter Garden, FL 34787**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **Bruns, Alan**  
2.3 STREET ADDRESS **17805 Bonnievista Ct.**  
2.4 CITY-ST-ZIP **Winter Garden, FL 34787**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Freeman, JoAnn**  
4.3 STREET ADDRESS **255 Deer Isle Drive**  
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, with all other like empowered.

SIGNATURE:

*John Lawrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

407-647-2622

Daytime Phone #

CR2E037 (11/98)

0015567