

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90030 014 ****61.25

DOCUMENT # N15180

1. Entity Name

DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY

Principal Place of Business

Mailing Address

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

2180 PARK AVE. N.
 SUITE 326
 WINTER PARK FL 32789-2358

2. Principal Place of Business

3. Mailing Address

444 W. New England Ave. Suite B
 Suite, Apt. #, etc. Suite B

City & State Winter Park, FL City & State Winter Park, FL

Zip 32789 Country Zip 32789 Country

4. FEI Number 59-2781547

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLARD, SHANNON
 2180 PARK AVE. N.
 SUITE 326
 WINTER PARK FL 32789

Name Adam Smith
 Street Address (P.O. Box Number is Not Acceptable)
 444 W. New England Ave Suite B
 City Winter Park FL Zip Code 32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUGHEED, ALLAN 17608 DEER ISLE CIRCLE WINTER GARDEN FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lougheed, Allan 17608 Deer Isle Circle Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRUNS, ALAN 17805 BONNIERSTA CT WINTER GARDEN FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASTANG, LARRY P.O. BOX 329 N/A KILLARNEY FL 34740	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, JOANN 255 DEER ISLE DRIVE WINTER GARDEN FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nizsche, Ren 17611 Deer Isle Circle Winter Garden, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRICK, JOHN 17802 WESTBURY CT WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Witdenbosch, Peter 17549 Deer Isle Cir Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D English, Gary 17569 Deer Isle Cir. Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Shannon Hallard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 407-654-1212

CR2E037 (9/99)