2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90201 033 ****61.25

DOCUMENT # N15180

1. Entity Name

DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY , INC.

Principal Place of Business	Mailing Address
444 W. NEW ENGLAND AVE. STE B WINTER PARK FL 32789	444 W. NEW ENGLAND AVE. STE B WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	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
DAVIS, KEVIN 444 W NEW ENGLAND AVE SUITE B WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: FEE 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	D LOUGHEED, ALLAN 17608 DEER ISLE CIRCLE WINTER GARDEN FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Branch, Ron P.O. Box 419 Killarney, FL 34740	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS	DV ENGLISH, GARY 17569 DEER ISLE LN	☐ Delete	TITLE / NAME / STREET ADDRESS	D English, Gary	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHASTANG, LARRY P.O. BOX 329 N/A KILLARNEY FL 34740	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Murphy, Pat 17577 Deer Isle Circle Winter Garden, FL 34787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WITDENBASCH, PETER 17549 DEER ISLE LN WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Witdenbosch, Peter	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, YVONNE P.O. BOX 356 KILLARNEY FL 34740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Davis, Yvonne	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANATTA, NICK 17505 DEER ISLE CIR WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cadwell, Helen P.O. Box 429 Killarney, FL 34740	☐ Change ☑ Addition

CR2E037 (9/01)

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 all other like empowered.

SIGNATURE: SIGNATURE Peter Witdenbosch Mar 25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #