
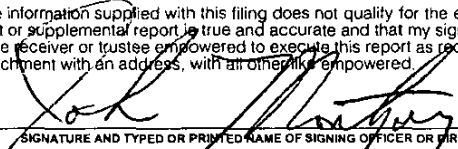


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

05-25-2007 90028 036 \*\*\*\*61.25

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| <b>DOCUMENT # N15180</b><br>1. Entity Name<br><b>DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY, INC.</b>  |   |   |   |   |   |
| Principal Place of Business<br><b>1801 COOK AVE<br/>ORLANDO, FL 32806</b>  |   |   | Mailing Address<br><b>1801 COOK AVE<br/>ORLANDO, FL 32806</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |   |
| City & State   |   | City & State  |   |  |   |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br><b>59-2781547</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DON ASHER &amp; ASSOCIATES, INC.<br/>52 EAST SOUTH STREET<br/>ORLANDO, FL 32801</b>  |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |   |   |   |  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>MASCH, DENNIS</b><br><b>17520 DEER ISLE CIR.</b><br><b>WINTER GARDEN, FL 34787</b>     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>MONTIJOY, JOHN</b><br><b>17801 BONNE VISTA CT</b><br><b>WINTER GARDEN, FL 34787</b>   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br><b>MARKHEIM, RICHARD</b><br><b>17717 DEER ISLE DR.</b><br><b>WINTER GARDEN, FL 34787</b> | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD</b><br><b>DAVIS, MARTIN</b><br><b>17521 DEER ISLE CIR.</b><br><b>WINTER GARDEN, FL 34787</b>    | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>SCHIBY, JACK</b><br><b>17634 DEER ISLE CIR</b><br><b>WINTER GARDEN, FL 34787</b>      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |   |  |   |
| <b>SIGNATURE:</b>   |   |   | 5/21/2007 407-905-9956  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date Daytime Phone #  |  |   |

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