

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15180

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY, INC.

**Current Principal Place of Business:**

1801 COOK AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-2781547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DON ASHER & ASSOCIATES, INC.  
52 EAST SOUTH STREET  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

DON ASHER & ASSOCIATES, INC.  
1801 COOK AVE  
ORLANDO, FL 32806 US

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:

02/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MASCH, DENNIS  
Address: 17520 DEER ISLE CIR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete  
Name: MONTJOY, JOHN  
Address: 17801 BONNE VISTA CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete  
Name: MARKHEIM, RICHARD  
Address: 17717 DEER ISLE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete  
Name: SCHIBY, JACK  
Address: 17634 DEER ISLE CIR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MAL ( ) Delete  
Name: MURPHY, DAVE  
Address: 17580 DEER ISLE CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MAL (X) Change ( ) Addition  
Name: PICCIANO, DAVID  
Address: 17565 DEER ISLE CIR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Change ( ) Addition  
Name: MCCURRY, WARREN  
Address: 17557 DEER ISLE CIR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TASHA TORRES

LCAM

02/03/2009

Electronic Signature of Signing Officer or Director

Date