

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90224 030 \*\*\*\*61.25

**DOCUMENT # N15180**

1. Entity Name

**DEER ISLAND HOMEOWNERS' ASSOCIATION OF KILLARNEY, INC.**



Principal Place of Business

**444 W. NEW ENGLAND AVE.  
STE B  
WINTER PARK FL 32789**

Mailing Address

**444 W. NEW ENGLAND AVE.  
STE B  
WINTER PARK FL 32789**

2. Principal Place of Business

**882 JACKSON AVE**

3. Mailing Address

**882 JACKSON AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Park FL**

City & State

**Winter Park FL**

Zip

**32789**

Country

**USA**

Zip

**32789**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

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

**DAVIS, KEVIN**

**444 W NEW ENGLAND AVE  
SUITE B  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**882 JACKSON AVE**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>SD</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BRANCH, RON</b>            |  |
| STREET ADDRESS | <b>PO BOX 419</b>             |  |
| CITY-ST-ZIP    | <b>KILLARNEY FL 34740</b>     |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ENGLISH, GARY</b>          |  |
| STREET ADDRESS | <b>17569 DEER ISLE LN</b>     |  |
| CITY-ST-ZIP    | <b>WINTER GARDEN FL 34787</b> |  |
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>MURPHY, PAT</b>            |  |
| STREET ADDRESS | <b>17577 DEER ISLE CIRCLE</b> |  |
| CITY-ST-ZIP    | <b>WINTER GARDEN FL 34787</b> |  |
| TITLE          | <b>PD</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>UITDENBOSCH, PETER</b>     |  |
| STREET ADDRESS | <b>17549 DEER ISLE LN</b>     |  |
| CITY-ST-ZIP    | <b>WINTER GARDEN FL 34787</b> |  |
| TITLE          | <b>VD</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DAVIS, YVONNE</b>          |  |
| STREET ADDRESS | <b>P.O. BOX 356</b>           |  |
| CITY-ST-ZIP    | <b>KILLARNEY FL 34740</b>     |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>CADWELL, HELEN</b>         |  |
| STREET ADDRESS | <b>17505 DEER ISLE CIR</b>    |  |
| CITY-ST-ZIP    | <b>WINTER GARDEN FL 34787</b> |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MASCH, DENNIS</b>           |  |
| STREET ADDRESS | <b>17520 Deer Isle Circle</b>  |  |
| CITY-ST-ZIP    | <b>Winter Garden, FL 34787</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SARGENT, STEVE</b>          |  |
| STREET ADDRESS | <b>17807 Westbay Court</b>     |  |
| CITY-ST-ZIP    | <b>Winter Garden, FL 34787</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SIGEL, RENEE</b>            |  |
| STREET ADDRESS | <b>17508 DEER ISLE DRIVE</b>   |  |
| CITY-ST-ZIP    | <b>Winter Garden, FL 34787</b> |  |
| TITLE          | <b>PD</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARKHEIM, RICHARD</b>       |  |
| STREET ADDRESS | <b>17717 DEER ISLE DRIVE</b>   |  |
| CITY-ST-ZIP    | <b>WINTER GARDEN, FL 34787</b> |  |
| TITLE          | <b>VD</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LYONS, TOM</b>              |  |
| STREET ADDRESS | <b>17521 DEER ISLE CIRCLE</b>  |  |
| CITY-ST-ZIP    | <b>Winter Garden, FL 34787</b> |  |
| TITLE          | <b>SD</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CADWELL, HELEN</b>          |  |
| STREET ADDRESS | <b>17505 DEER ISLE CIRCLE</b>  |  |

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 REQUIRED**

**3-16-03 407-652-7453**

CR2E037 (10/02)