

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PH 3:17

DOCUMENT # **N19542 (2)**  
1. Corporation Name  
**KIMI COURT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**341 KIMI COURT CASSELBERRY FL 32707** **341 KIMI COURT CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1987** 3a. Date of Last Report **04/08/1994**  
4. FEI Number **59-2947068** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **305 Kimi Court** 26 **305 Kimi Ct**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  27   
City & State City & State  
23 **Casselberry, Fla** 28 **Casselberry Fla**  
Zip Country Zip Country  
24 **32707-4107** 25 **Seminole** 29 **32707-4107** 30 **Seminole**

9. Name and Address of Current Registered Agent  
**WEHRLEY, DALE**  
**341 KIMI CT.**  
**CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent  
81 Name **Laurie Forbes**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**305 Kimi Court**  
83   
84 City **Casselberry** FL 85 Zip Code **32707-4107**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Laurie Forbes, Treasurer DATE 2/27/1995  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MANTIONE, JOHN
STREET ADDRESS	314 KIMI CT.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	DS
NAME	MURPHY, BILL
STREET ADDRESS	318 KIMI CT.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	DT
NAME	WEHRLEY, DALE
STREET ADDRESS	341 KIMI CT.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	DV
NAME	BLASHFIGLD, KELLY
STREET ADDRESS	337 KIMI CT.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LaStarza, Alexander "Sandy"
1.3 STREET ADDRESS	330 Kimi Ct.
1.4 CITY-ST-ZIP	Casselberry, FL
2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ds Roy, Beekie
2.3 STREET ADDRESS	329 Kimi Ct
2.4 CITY-ST-ZIP	Casselberry, FL
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT Forbes, Laurie
3.3 STREET ADDRESS	305 Kimi Ct
3.4 CITY-ST-ZIP	Casselberry, FL
4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Simonelli, Marty
4.3 STREET ADDRESS	345 Kimi Ct
4.4 CITY-ST-ZIP	Casselberry, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurie Forbes Laurie Forbes DATE 2/27/1995 407-333-1560 (w) 407-695-9647 (H)  
Signature and typed or printed name of signing officer or director Date Telephone