

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19542 (2)**

1. Corporation Name

KIMI COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

305 KIMI CT
CASSELBERRY FL 32707
US

305 KIMI CT
CASSELBERRY FL 32707
US

3. Date Incorporated or Qualified: **03/05/1987**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21 **334 Kimi Court**
Suite, Apt. #, etc.
22
City & State: **Casselberry, Fla**
23
Zip: **32707** Country: **Seminole**
24
2a. Mailing Address
26 **334 Kimi Court**
Suite, Apt. #, etc.
27
City & State: **Casselberry, Fl**
28
Zip: **32707** Country: **Seminole**
29

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORBES, LAURIE
305 KIMI CT
CASSELBERRY FL 32707

81 Name: **Chappell, Michael A.**
82 Street Address (P.O. Box Number is Not Acceptable): **334 Kimi Court**
83
84 City: **Casselberry** FL 85 Zip Code: **32707**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Michael A. Chappell* **MICHAEL A. CHAPPELL TREASURER** June 10, 1996
Signature, typed or printed name of registered agent if not applicable: (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LASTARZA, ALEXANDER	
STREET ADDRESS	330 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ROY, BECKIE	
STREET ADDRESS	329 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FORBES, LAURIE	
STREET ADDRESS	305 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SIMONELLI, MARTY <i>Simonelli, Marty error</i>	
STREET ADDRESS	345 KIMI CT <i>345 Kimi Ct</i>	
CITY-ST-ZIP	CASSELBERRY FL <i>Casselberry, Fl</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael Kalamán	
23 STREET ADDRESS	333 Kimi Ct.	
24 CITY-ST-ZIP	Casselberry, Fl	
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Chappell, Michael	
33 STREET ADDRESS	334 Kimi Ct	
34 CITY-ST-ZIP	Casselberry, Fl 32707	
41 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Remains same	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	900001873259	
63 STREET ADDRESS	-06/24/96--01040--004	
64 CITY-ST-ZIP	***61.25	

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 in person; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurie Forbes* **Laurie Forbes** 4/21/96 407-333-1560
Signature and typed or printed name of signing officer or director Date Daytime Phone #

61- 407-695-9647

CR2E037 (12/95)