


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19542

1. Corporation Name
KIMI COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 334 KIMI COURT CASSELBERRY FL 32707 US	Mailing Address 334 KIMI COURT CASSELBERRY FL 32707 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2947068
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHAPPELL, MICHAEL A 334 KIMI COURT CASSELBERRY FL 32707		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if 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	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOWE, JOHN	1.2 NAME	Brunkala, Janine
STREET ADDRESS	342 KIMI COURT	1.3 STREET ADDRESS	326 Kimi Ct.
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	Casselberry, FL
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALAMAN, MICHAEL	2.2 NAME	Hitt, Rick
STREET ADDRESS	333 KIMI CT	2.3 STREET ADDRESS	306 Kimi Ct.
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	Casselberry, FL
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, MICHAEL	3.2 NAME	Kalaman, Brenda
STREET ADDRESS	334 KIMI COURT	3.3 STREET ADDRESS	333 Kimi Ct.
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP	Casselberry, FL
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, WILLIAM	4.2 NAME	Kalaman, Brenda
STREET ADDRESS	318 KIMI CT	4.3 STREET ADDRESS	333 Kimi Ct.
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	Casselberry, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael A. Chappell* **CHAPPELL, MICHAEL A** 4/27/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)