

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19542

1. Entity Name

KIMI COURT HOMEOWNERS ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90003 014 ****61.25

Principal Place of Business

333
~~334~~ KIMI COURT
 CASSELBERRY FL 32707
 US

Mailing Address

333
~~334~~ KIMI COURT
 CASSELBERRY FL 32707-4136
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2947068

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHAPPELL, MICHAEL A~~
~~334 KIMI COURT~~
~~CASSELBERRY FL 32707~~

Kalaman, Brenda
333 Kimi Ct.

Name

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

City

FL

Zip Code

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP BRUNKALA, JANINE**
 STREET ADDRESS **342 KIMI COURT**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS HITT, RICK**
 STREET ADDRESS **306 KIMI CT**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT KALAMAN, BRENDA**
 STREET ADDRESS **333 KIMI CT**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~KALAMAN, BRENDA~~ **DV Keith Zonts**
 STREET ADDRESS **333 KIMI CT** **346 Kimi Ct.**
 CITY-ST-ZIP **CASSELBERRY FL** **Casselberry FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Brenda Kalaman
BRENDA KALAMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (407) 299-1208
 Date Daytime Phone #

CR2E037 (9/99)