


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90012 003 ****61.25

DOCUMENT # N19542

1. Entity Name
KIMI COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
314 KIMI COURT
CASSELBERRY, FL 32707 US

Mailing Address
314 KIMI COURT
CASSELBERRY, FL 32707 US



2. Principal Place of Business
305 Kimi Ct.
 Suite, Apt. #, etc.
Casselberry FL
 City & State

3. Mailing Address
305 Kimi Ct.
 Suite, Apt. #, etc.
 City & State
Casselberry FL

06242004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2947068

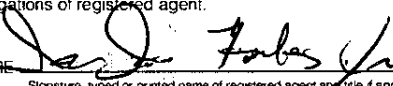
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MULLER, SANDI
314 KIMI COURT
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
 Name
IAN JI FORBES JR
 Street Address (P.O. Box Number is Not Acceptable)
305 Kimi Ct.
 City
Casselberry FL Zip Code
32707

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  **IAN J. FORBES JR. Treasurer** DATE **6/24/2004**

Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

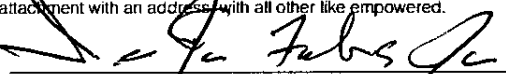
Filing Fee is \$61.25
Due by September 8, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAZENBY, SHERI 302 KIMI CT CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FORBES, LAURIE 305 KIMI CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARISSA Sadri 342 Kimi Ct. Casselberry FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MULLER, SANDI 314 KIMI CT CASSELBERRY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IAN Forbes 305 Kimi Ct. Casselberry FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRAY, DONNA 337 KIMI CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Muller, SANDI 314 Kimi Ct. Casselberry FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **IAN J. FORBES JR.** DATE **6/24/2004** Daytime Phone # **357-7628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR