2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19542

FILED Apr 16, 2006 Secretary of State

Entity Name: KIMI COURT HOMEOWNERS ASSOCIATION, INC.

Entity Nam	ie: KIMI COUR	T HOMEOWNERS ASSOCI	ATION, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
305 KIMI C ⁻ CASSELBE	「 RRY, FL 32707	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
305 KIMI C ⁻ CASSELBE	「 RRY, FL 32707	US			
FEI Number:	59-2947068	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FORBES, IAN J 305 KIMI CT CASSELBERRY, FL 32707 US			FORBES, IAN J JR 305 KIMI CT CASSELBERRY, FL:		
The above in the State		omits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: IAN J. FORBES JR.				04/16/2006	
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () De KALAMAN, MIKE 333 KIMI CT CASSELBERRY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () De BRAY, DONNA 337 KIMI CT CASSELBERRY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () De FORBES, IAN J 305 KIMI CT CASSELBERRY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () Delete SIMONELLI, MARTY 345 KIMI CT CASSELBERRY, FL 32707		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN J. FORBES JR. DT 04/16/2006