2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 11, 2008 DOCUMENT# N19542 Secretary of State

Entity Name: KIMI COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 US LIS

Current Mailing Address: New Mailing Address:

305 KIMI CT 318 KIMI CT

CASSELBERRY, FL 32707 US CASSELBERRY, 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 New Registered Agent:

FORBES, IAN J JR MURPHY, BEVERLY

305 KIMI CT 318 KIMI ČT

CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 US US

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: BEVERLY MURPHY 08/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete () Change () Addition

KALAMAN, MIKE Name: Name: 333 KIMI CT Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip:

Title: DS Title: DS () Delete (X) Change () Addition

Name: BRAY, DONNA Name: CURL, TRISHA

Address: 337 KIMI CT Address: 322 KIMI CT City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete Title: (X) Change () Addition

FORBES, IAN J MURPHY, BEVERLY Name: Name: 305 KIMI CT Address: Address: 318 KIMI CT

City-St-Zip: CASSELBERRY, FL US City-St-Zip: CASSELBERRY, FL US

Title: DV () Delete Title: () Change () Addition

SIMONELLI, MARTY Name: Name: Address: 345 KIMI CT Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BEVERLY MURPHY DT 08/11/2008