

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19542

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: KIMI COURT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

318 KIMI CT  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

318 KIMI CT  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 59-2947068      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, BEVERLY  
318 KIMI CT  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KALAMAN, MIKE  
Address: 333 KIMI CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: DS ( ) Delete  
Name: CURL, TRISHA  
Address: 322 KIMI CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: DT ( ) Delete  
Name: MURPHY, BEVERLY  
Address: 318 KIMI CT  
City-St-Zip: CASSELBERRY, FL US

Title: DV ( ) Delete  
Name: SIMONELLI, MARTY  
Address: 345 KIMI CT  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MURPHY, BEVERLY  
Address: 318 KIMI CT  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DV (X) Change ( ) Addition  
Name: SIMONELLI, MARTY  
Address: 345 KIMI CT  
City-St-Zip: CASSELBERRY, FL 32707 US

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 N. MURPHY

DT

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date