☐ Change

☐ Addition

FILED

	BUSINESS	 
DOCUMENT #	N19542	

1. Entity Name

KIMI COURT HOMEOWNERS ASSOCIATION, INC.



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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

**SIGNATURE** 

CITY-ST-ZIP

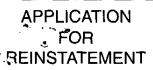
STREET ADDRESS

TITLE

NAME

HERI LAZENBY

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCU	<b>MENT</b>	#	١
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N19542

1. Corporation Name

KIMI	COURT	<b>HOMEOWNERS</b>	ASSOCIATION,	INC.

Principal	Place	of	Business

Mailing Address

CASSELBERRY FL 32707			333 KIMI COURT CASSELBERRY FL 32707 US						
		incorrect in any way, line three							
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.14-KIMI CT. CASSELBERY FL 32707 314-KIMI CT. CASSELBERY FL			4. Date Incorp To Do Busi	Date Incorporated or Qualified     To Do Business in Florida     03/05/1987					
Suite, Apt.	#, etc.		Suite, Apt. #,			5. FEI Numbe		Applied For	
City & State	9		City & State				59-2947068	Not Applicable	
Zip	<del></del>	Country	Zip		Country	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and/o	or Director (Flo	rida nonprofi	t corporations must list at l	east 3 directors)			
Title(s) 1	2	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
DP 🖟	ZONTS, KEITH 346 KIMI CT				CASSELBERRY FL 32707				
D\$ .	JONES, KRISTI 3			310 KIMI CT		CASSELBERRY FL 32707			
DT	DT KALAMAN, BRENDA			333 KIMI CT		CASSELBERRY FL			
DV BRUNKALA, ANDREW		326 KIMI CT		CASSELBERRY FL 32707					
<del></del>		<del> </del>				1 O 10/16/	0023854 03-01045-001	571 **175.00	
						• .	03 BIO45 00		
	8, Nam	e and Address of Current F	Registered Age	ent		9. Name and	9. Name and Address of New Registered Agent		
KAI AL	ION DOCKE	14			Namo	Muller	Muller		
KALAMON, BRENDA				Street Address (P.O. Box Number is Not Acceptable)					
CASSELBERRY FL 32707				Suite, Apt. #, Etc.					
					CILITA	0 100 00 00	004 S	ate Zip Code	
10 1 beine	oppointed th	a rapistared agent of the shar	n pamad a	vation on t	milior with and passet the	ASSELBE	<del>` -   </del>	<u> </u>	
iv. i, being	appointed to	e registered agent of the abov	re named corp.	ייפנוטוז, מיוו ומ	плінаї міні апо ассері іпе	obligations of Sect	101 007 0000, F.S. 01 617.1	Javo, F.S.	
	•	oiloni as	an neo e	. DE	<b>€150 €110 10 (A)</b>				
Signature of Registered Agent SIGNATURE REQUIRED  Date									
		<u> </u>	GISTERED AG	<del></del>	<del></del>		<u></u>		
this rein	statement app	officer or director or the received lication, the reason for dissolute have been paid and the common transfer and transfer an	lution has been	eliminated, t	he corporate name satisfie	s the requirements	of section 607,0401 or 61	7.0401, F.S., that all fees	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03