

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011001

DOCUMENT # **N19542**

1. Entity Name

**KIMI COURT HOMEOWNERS ASSOCIATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 16 AM 9:40

Principal Place of Business

**333 KIMI COURT  
CASSELBERRY FL 32707  
US**

Mailing Address

**333 KIMI COURT  
CASSELBERRY FL 32707  
US**

**REINSTATEMENT 03**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**314 KIMI CT**

3. Mailing Address

**314 KIMI CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CASSELBERRY, FL**

City & State

**CASSELBERRY, FL**

4. FEI Number **59-2947068**

Applied For

Not Applicable

Zip **32707**

Country **USA**

Zip **32707**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KALAMON, BRENDA  
333 KIMI CT  
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name **SANDI MULLER**  
Street Address (P.O. Box Number is Not Acceptable) **314 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 **SANDI MULLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

900023854599

10/16/03 01045-002 \*\$61.25

10/16/03 01045 001 175.00

FILE NOW: FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	ZONTS, KEITH	
STREET ADDRESS	346 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, KRISTI	
STREET ADDRESS	310 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KALAMON, BRENDA	
STREET ADDRESS	333 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRUNKALA, ANDREW	
STREET ADDRESS	326 KIMI CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZENBY, SHERI	
STREET ADDRESS	302 KIMI CT	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, LAURIE	
STREET ADDRESS	305 KIMI CT	
CITY-ST-ZIP	CASSELBERRY, FL. 32707	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, SANDI	
STREET ADDRESS	314 KIMI CT	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, DONNA	
STREET ADDRESS	337 KIMI CT	
CITY-ST-ZIP	CASSELBERRY, FL. 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


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: **SHERI LAZENBY** 9/15/03 407.695.0970

CR2E037 (10/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19542**

1. Corporation Name  
**KIMI COURT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 333 KIMI COURT CASSELBERRY FL 32707 US	Mailing Address 333 KIMI COURT CASSELBERRY FL 32707 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <del>314-KIMI CT. CASSELBERRY FL 32707</del>	3. New Mailing Office Address, If Applicable <del>314-KIMI CT. CASSELBERRY FL</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>03/05/1987</b>	
5. FEI Number <b>59-2947068</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ZONTS, KEITH	346 KIMI CT	CASSELBERRY FL 32707
DS	JONES, KRISTI	310 KIMI CT	CASSELBERRY FL 32707
DT	KALAMAN, BRENDA	333 KIMI CT	CASSELBERRY FL
DV	BRUNKALA, ANDREW	326 KIMI CT	CASSELBERRY FL 32707
			100023854571 10/16/03 01045--001 **175.00 10/16/03 21045 002 61.25

8. Name and Address of Current Registered Agent

~~KALAMON, BRENDA~~  
~~333 KIMI CT~~  
~~CASSELBERRY FL 32707~~

9. Name and Address of New Registered Agent

Name  
**SANDI MULLER**

Street Address (P.O. Box Number is Not Acceptable)  
**314-KIMI CT**

Suite, Apt. #, Etc.  
**CASSELBERRY**

City  
**CASSELBERRY**

State  
**FL**

Zip Code  
**32707**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, 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: **Brenda Kalaman** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E040 (7/03)