FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24201 1. Corporation Name

KISSIMMEE RIVER FISHING RESORT HOMEOWNERS ASSOCI ATION, INC.

Principal Place of Business 15601 SR 70 W LOT 34 OKEECHOBEE FL 34974

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

15601 SR 70 W LOT 34 OKEECHOBEE FL 34974

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Feb 16, 1999 8:00am **Secretary of State**

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		8121) B B 312

3. Date Incorporated or Qualifed

01/05/1988

4. FEI Number

22			27	7				65-0158536			· Not	Applicable
	City & State		T-	City & State			5	Certificate of Status Desired		\$8.75 A	dditional	
23			28	1			3. Cer		Certificate of Status Desired		Fee Rec	uired
Zip	ı	Country		Zip Country			6.	Election Campaign Financing	П	\$5.00 N	May Be	
24	25		29	30			l	Trust Fund Contribution		Added to	Fees	
9. Name and Address of Current Registered Agent								10.	Name and Address of New I	Registered /	Agent	
					8	11	Name					İ
WILLIAM O VINEYARD					8	12	Street Addres	ss (P.	O. Box Number is Not Accepta	able)	<u>`</u>	
15601 S.R. 70 W #62												
OKEECHOBEE FL 34974					8	13						
CHECHOLE I E CIOI I					l a	14	City				85 Zip C	ode
•							•			FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered												
office or registered agent, or both, in the State of Florida. Succe range was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I ary familiar with, and accept the opinisment as registered agent. I ary familiar with, and accept the opinisment as registered agent.												
SIGNATURE WILLIAM Q. UMLYAM												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)							signature required v			DATE /		
12.		OFFICERS AND	DIRE		13.			Δ	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	С	•		☐ DELETE	1.1 TTTLE	E					Change	☐ Addition
NAME	WILLIAM O V	INEYARD			1.2 NAM	E						
STREET ADDRESS 15601 SR 70 W #62				1.3 STRE	EETA	ADDRESS				•		
CITY-ST-ZIP	OKEECHOBE	E FL 34974			1.4 CITY	-ST-	ZIP					
TITLE	P			☐ DELETE	2.1 TTLE	Ē					Change	☐ Addition
NAME	CAROL DON	NELL			2.2 NAM	E						
STREET ADDRESS	15601 SR 70	W #94			2.3 STRE	EETA	ADDRESS				•	
CITY-ST-ZIP	OKEECHOBE	E FL 34974			2. 4 CITY	(-ST	-ZIP					
TITLE	T			☐ DELETE	3.1 TITLE	E					Change	Addition
NAME	wright, gef	RALDINE			3.2 NAM	E						
STREET ADDRESS	15601 SR 70	W., LOT 34			3.3 STRE	EETA	ADDRESS					
CITY: ST-ZIP	OKEECHOBE	E FL 34974			3.4. CITY	(-ST-	-ZIP				· · · ·	
TITLÉ	VP .			☐ DELETÉ	4.1 TIFLE	Ē					Change	☐ Addition
NAME	KLINGLESSN				4. 2 NAM	Æ				. e - A	gangan s	1 2 20
STREET ADDRESS	15601 SR 70	W #22			4.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP	OKEECHOBE	E FL 34974			4.4 CITY	-ST-	ZIP					1
TITLE	D			☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME '	SERGLANT, [OON			5.2 NAM							1
STREET ADDRESS	15601 SR 70						ADDRESS					
CITY-ST-ZIP	OKEECHOBE	E FL 34974			5.4 CITY		ZIP		. ,			
TITLE	D			☐ DELETE	6.1 TITLE		}				Change	Addition
NAME	VINEYARD, B				6.2 NAM		Ì		T.			
STREET ADDRESS	15601 SR 70						ADDRESS					1
CITY-ST-ZIP	OKEECHOBE	E FL 34974			6.4 CITY	-ST-	ZIP					

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For