


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90051 025 ****70.00

DOCUMENT # N24201 1. Entity Name KISSIMMEE RIVER FISHING RESORT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 15601 S.R. 70 WEST, LOT 77 OKEECHOBEE, FL 34974	Mailing Address 15601 S.R. 70 WEST LOT 103 OKEECHOBEE, FL 34974
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40021452



02042007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0158536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINGELSMITH, MICHAEL T 15601 S.R. 70 WEST, LOT 77 OKEECHOBEE, FL 34974	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Michael T. Klingelsmith *Michael T. Klingelsmith* 02/12/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINGELSMITH, MICHAEL T 15601 S.R. 70 WEST, LOT 77 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kay Touchette 15601 S.R. 70 West, Lot 50 Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, BARBARA 15601 S.R. 70 WEST, LOT 116 OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Meindel 15601 S.R. 70 West, Lot 49 Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIEDEMAN, JANET A 15601 S.R. 70 WEST, LOT 103 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clay Gunderson 15601 S.R. 70 West, Lot 53 Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAVERTY, DALE A 15601 S.R. 70 WEST, LOT 105 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Christenson 15601 S.R. 70 West, Lot 63 Okeechobee, FL 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VINEYARD, WILLIAM 15601 S.R. 70 WEST, LOT 62 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARGEANT, DONALD 15601 S.R. 70 WEST, LOT 74 OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael T. Klingelsmith *Michael T. Klingelsmith* 02/12/2007 1-863-767-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #