FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # N48653

1. Corporation Name

KISSIMMEE BUSINESS PARK PROPERTY OWNERS ASSOCIAT ION, INC.

Principal Flace of Business

Mailing Address

321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

FILED Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90210 037 ****61.25



23 Zip Country Zip Country 6. Electic Campaign Financing Trust Fund Contribution Add 9. Name and Address of Current Registered Agent ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA 5. Certifc ate of Status Desired Fee	Applied For Not Applicable 5 Additional Required 00 Vay Be ad to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-04 18365 City & State City & State Zip Country Zip Country Zip Country Add 9. Name and Address of Current Registered Agent ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA Suite, Apt. #, etc. 4. FEI Number 65-04 18365 5. Certifc ate of Status Desired Fee Trust Fund Contribution Add Trust Fund Contribution Add Street Address (P.O. Box Number is Not Acceptable)	Not Applicable 5 Additional Required 10 Vlay Be
22 City & State City & State Zip Country Zip Country Zip Country Zip Country Add 9. Name and Address of Current Registered Agent ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA 65-0418365 5. Certifc ate of Status Desired Fee Fee Country 6. Electic n Campaign Financing Trust Fund Contribution Add Trust Fund Contribution Add 81 Name Street Arldress (P.O. Box Number is Not Acceptable)	Not Applicable 5 Additional Required 10 Vlay Be
City & State City & State 28 Zip Country Zip Country Zip Country State 29 30 Country 6. Electic n Campaign Financing Trust Fund Contribution Add 9. Name and Address of Current Registered Agent ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA Street Address (P.O. Box Number is Not Acceptable)	5 Additional Required 10 May Be
28 5. Certifcate of Status Desired Fee Zip	Required Nay Be
24 25 29 30 Trust Fund Contribution Add 9. Name and Address of Current Registered Agent 81 Name ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA 30 Trust Fund Contribution Add Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	•
25 29 30 Trust Fund Contribution Add 9. Name and Address of Current Registered Agent 81 Name ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA 29 30 Trust Fund Contribution Add 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable)	ed to Fees
9. Name and Address of Current Registered Agent 81 Name ATTERBURY, WILLIAM 321 ROYAL POINCIANA PLAZA	
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321 ROYAL POINCIANA PLAZA	
DALLA DEACH EL 20400	
PALM BEACH FL 33480	
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11 have been seen as a second seed of the purpose of changing	its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	registered
SIGNATURE (NOTE Registered Agent singular required when reinstating)	
Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TORS IN 12
Florier - I Char	
The D	,
NAME BAKER, JOHN R. 1.2 NAME	
STREET ADDRESS 3228 SW MARTIN DOWNS BVD 1.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL 14 CITY-ST-ZIP	ge \(\int \) Addition
TITLE D DELETE 2.1 TITLE	je 🗀 Addition
NAME FAMBROUGH, LINDA J. 22 NAME	
STREET ADDRESS 3228 SW MARTIN DOWNS BLVD 23 STREET ADDRESS	=
CITY-ST-ZIP PALM CITY FL 2.4 CITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE	ge
NAME ATTERBURY, WILLIAM W. 32 NAME	
STREET ADDRESS 321 ROYAL POINCIANA PLAZA 3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL 3.4. CITY-ST-ZIP	
TITLE D DELETE 4.1 TITLE Char	ge Addition
NAME MACDONALD, JOHN 4.2 NAME	
STREET ADDRESS 630 FIFTH AVENUE 43 STREET ADDRESS	
630 FIFTH AVENUE	
CITY-ST-ZIP NEW YORK, NY 10111 44-CITY-ST-ZIP TITLE DELETE 5.1 TITLE CHAR	ge Addition
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STREET ALLINE S	
CIT-SI-ZEF SATING	ge Addition
521015	,
NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP Florido Statutos Lifuther cyclifuthat to	- 1-1-1

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 c∋rtify 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 a lother like empowered.

SIGNATURE: