SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $184 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -6 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****163.75 ****163.75

DOCUMENT # N51180 (0)

1. Corporation Name
KISSIMMEE COURT/ORANGEWOOD TENANT ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
421 EAST COLUMBIA STREET KISSIMMEE FL 34744 US	421 EAST COLUMBIA STREET KISSIMMEE FL 34744 US

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-3145160 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCOTT, LEONA M
2111 MCLAREN CIRCLE, #23
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Leona M Scott
82 Street Address (P.O. Box Number Is Not Acceptable): 421 E. Columbia Ave.
83
84 City: Kissimmee FL 85 Zip Code: 34744

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Leona M Scott — Signature, typed or printed name of registered agent and title if applicable
Leona M Scott — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILLIAMS, CATHERINE	1.2 NAME	Scott, Leona M	
STREET ADDRESS	2108 MCLAREN CIRCLE	1.3 STREET ADDRESS	421 E Columbia Ave	
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	Kissimmee FLA 34744	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	CHARLESTON, EDNA MAE	2.2 NAME	Simpson, Eunice	
STREET ADDRESS	2225 MCLAREN CIRCLE	2.3 STREET ADDRESS	2116 mclaren circle	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	Kissimmee FLA 34744	
TITLE	CO/D	3.1 TITLE	COD	☒ Change ☐ Addition
NAME	SCOTT, LEONA M	3.2 NAME	Thomas, Delores	
STREET ADDRESS	2111 MCLAREN CIRCLE, #23	3.3 STREET ADDRESS	916 Gardenst.	
CITY-ST-ZIP	KISSIMMEE FL 34744	3.4 CITY-ST-ZIP	Kissimmee FLA 34744	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BROWN, NORMA BONITA	4.2 NAME	Brown, Norma Bonita	
STREET ADDRESS	2221 MCLAREN CIRCLE, #41	4.3 STREET ADDRESS	2221 mclaren Circle #41	
CITY-ST-ZIP	KISSIMMEE FL 34744	4.4 CITY-ST-ZIP	Kissimmee FLA 34744	
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MONGGOMERY, PATRICIA	5.2 NAME	Lewison Drucilla P	
STREET ADDRESS	702 YUCATAN COURT	5.3 STREET ADDRESS	2114 mclaren Circle	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	Kissimmee FLA 34744	
TITLE	CPD	6.1 TITLE	CPD	☒ Change ☐ Addition
NAME	MORRIS, JOHNNY J	6.2 NAME	Gainey, Penny	
STREET ADDRESS	2126 MCLAREN CIRCLE	6.3 STREET ADDRESS	2122 mclaren circle	
CITY-ST-ZIP	KISSIMMEE FL 34744	6.4 CITY-ST-ZIP	Kissimmee FLA 34744	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Leona M Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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