FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N51180 (0)

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

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: 07/06/1995

2. Principal Place of Business	2a. Mailing Address
21 421 East Columbia Ave	26 421 East Columbia Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Kissimmee FLA	28 City & State: Kissimmee Fla
24 Zip: 34744 25 Country: Osceola	29 Zip: 34744 30 Country: Osceola

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, LEONA M
421 E. COLUMBIA AVE.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCOTT, LEONA M 421 E. COLUMBIA AVE. KISSIMMEE FL 34744	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	1000018509801 -06/04/96--01162--032 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMPSON, EUNICE 2126 MCLAREN CIRCLE KISSIMMEE FL 34744	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD LuCinda Vaughn 2130 mclaren Circle #6 Kissimmee FLA 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO/D THOMAS, DELORIS 916 GARDEN ST. KISSIMMEE FL 34744	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, NORMA BONITA 2221 MCLAREN CIRCLE, #41 KISSIMMEE FL 34744	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD Brenda Farley 2105 mclaren Circle #10 Kissimmee FLA 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEWISON, DRUCILLA P 2114 MCLAREN CIRCLE KISSIMMEE FL 34744	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD Nadine Silcott 2111 mclaren Circle #23 Kissimmee FLA 34744	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD GAINEY, PENNT J 2132 MCLAREN CIRCLE KISSIMMEE FL 34744	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	CPD Penny Sue Gainey 2132 mclaren Circle Kissimmee FLA 34744	☑ Change ☐ Addition 5/1/96

CR2E037 (12/95)

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)(k), 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 4/25/96 (407)846-3756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #