

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 AUG 11 AM 9:40

DOCUMENT # N51180 (0)

1. Corporation Name

KISSIMMEE COURT/ORANGEWOOD TENANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

421 EAST COLUMBIA AVE.
KISSIMMEE FL 34744
US

421 EAST COLUMBIA AVE.
KISSIMMEE FL 34744-3429
US

3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

SCOTT, LEONA M
421 E. COLUMBIA AVE.
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCOTT, LEONA M
STREET ADDRESS 421 E. COLUMBIA AVE.
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE TD
NAME VAUGHN, LUCINDA
STREET ADDRESS 2130 MCLAREN CIRCLE; #6
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

TITLE CO/D
NAME THOMAS, DELORIS
STREET ADDRESS 916 GARDEN ST.
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ DELETE

TITLE VD
NAME FARLEY, BRENDA
STREET ADDRESS 2105 MCLAREN CIRCLE, #9
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

TITLE SD
NAME SILCOTT, NADINE
STREET ADDRESS 2111 MCLAREN CIRCLE, #23
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

TITLE CPD
NAME GAINEY, PENNY SUE
STREET ADDRESS 2132 MCLAREN CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

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-08/14/97-01121--001
*****156.75 *****70.00

OLD
SILCOTT Denise
2101 McLaren Circle #2 Kiss. Fla. 34744

74 AUG 11 1997

14. I do 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.

SIGNATURE

SIGNATURE OF LEONA M SCOTT # 21180

CR2E037 (9/96)