

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # **N94000001798 (7)**

1. Corporation Name

KISSIMMEE SHORES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2044 HIBISCUS CT
SANFORD FL 32771**

**2044 HIBISCUS CT
SANFORD FL 32771**

3. Date Incorporated or Qualified

04/08/1894

4. FEI Number

59-3304855

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1836 WOODWARD ST.

26 1836 WOODWARD ST.

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip Country

Zip Country

24 32803

25 USA

29 32803-4295

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRCHHOFF, WILLIAM E
2044 HIBISCUS CT
SANFORD FL 32771**

**81 Name
DAVID SIMMONS, c/o DRAGE DE BEAUBIEN, ETAL**

**82 Street Address (P.O. Box Number is Not Acceptable)
322 N. MAGNOLIA AVE.**

83

**84 City
ORLANDO**

FL

**85 Zip Code
32802**

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]

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **KIRCHHOFF, WILLIAM E**
STREET ADDRESS **2044 HIBISCUS CT**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VO** ☒ DELETE
NAME **KIRCHHOFF, CAROLE A**
STREET ADDRESS **2044 HIBISCUS CT**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **STD** ☒ DELETE
NAME **GREGORY, ROBERT K JR**
STREET ADDRESS **1800 SANFORD AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **MEREDITH L. SCOTT**
1.3 STREET ADDRESS **1615 BARCELONA WAY**
1.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **JOHN R. ARNOLD**
2.3 STREET ADDRESS **324 E. PAR ST.**
2.4 CITY-ST-ZIP **ORLANDO, FL 32804**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **S. DAVID SPECTOR**
3.3 STREET ADDRESS **217 HILLCREST ST.**
3.4 CITY-ST-ZIP **ORLANDO, FL 32801**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-98

Date

(407) 425-1566

Daytime Phone # 0014457

CR2E037 (10/97)