

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90064 049 \*\*\*\*61.25

**DOCUMENT # N94000001798**

**1. Entity Name**  
**KISSIMMEE SHORES HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**

**1836 WOODWARD ST**  
**ORLANDO FL 32803**  
**US**

**Mailing Address**

**1836 WOODWARD ST**  
**ORLANDO FL 32803-4295**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3304855**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DAVID SIMMONS C/O DRAGE DE BEAUBIEN ETAL**  
**322 N MAGNOLIA AVE**  
**ORLANDO FL 32802**

Name

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

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **PD** ☐ Delete  
**NAME** **SCOTT, MEREDITH L.**  
**STREET ADDRESS** **1615 BARCELONA WAY**  
**CITY-ST-ZIP** **WINTER PARK FL 32789**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **2051 Beaver Creek Road**  
**CITY-ST-ZIP** **Shell, WY 82441**

**TITLE** **SD** ☐ Delete  
**NAME** **ARNOLD, JOHN R.**  
**STREET ADDRESS** **324 E PAR ST**  
**CITY-ST-ZIP** **ORLANDO FL 32804**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **TD** ☐ Delete  
**NAME** **SPECTOR, S. DAVID**  
**STREET ADDRESS** **217 HILLCREST ST**  
**CITY-ST-ZIP** **ORLANDO FL 32801**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

4-1-03

CR2E037 (10/02)