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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* 610215-90001-17 *

DOCUMENT # N96000003017

1. Corporation Name
KAIETEUR PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1439 PINE HILLS ROAD ORLANDO FL 32808	1439 PINE HILLS ROAD ORLANDO FL 32808

2. Principal Place of Business	2a. Mailing Address
21 6238 KAIETEUR LN.	26 6238 KAIETEUR LANE
22 Suite, Apt. #, etc. ORLANDO	27 Suite, Apt. #, etc. ORLANDO, FLORIDA
23 City & State FL 32808 USA	28 City & State FL32808 = USA.
24 Zip FL32808 25 Country USA.	29 Zip FL32808 30 Country USA

3. Date Incorporated or Qualified: 06/03/1996

4. FEI Number: 59-3329986 ☐ 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

9. Name and Address of Current Registered Agent

GOPAL, BOWANI
1439 PINE HILLS ROAD
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: ABDOOL OMAR
82 Street Address (P.O. Box Number is Not Acceptable): 6238 KAIETEUR LANE
83: ORLANDO
84 City: ORLANDO FL 85 Zip Code: 32808

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: Abdool O.W. Omar — DATE: 8-16-99
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	D GOPAL, BOWANI 1439 PINE HILLS ROAD ORLANDO FL 32808	☐ DELETE D	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition PRESIDENT ABDOOL OMAR 6238 KAIETEUR LANE FL32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMRICH, DANRAJH 9068 PINNACLE CIRCLE WINDEMERE FL 32786	☐ DELETE T	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition A. THERMULUS VICE-PRESIDENT 6203 KAIETEUR LANE ORLANDO, FL 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNIAN, FRANK 4631 POWERS DRIVE ORLANDO FL 32808	☐ DELETE T	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition GANGADAI SINGH (SECRETARY) 6251 KAIETEUR LANE ORLANDO, FL 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition PUNWANTEE ALLI - TREASURER) 6220 KAIETEUR LANE ORLANDO, FLORIDA 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Abdool O.W. Omar REQUIRED — 8-16-99 — President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #