



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003126		
1. Entity Name KIRKMAN CORNERS PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 7586 W SANDLAKE ROAD ORLANDO, FL 32819	Mailing Address 7586 W SANDLAKE ROAD ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE		
		 01032005 No Chg-NP CR2E037 (10/03)
4. FEI Number 58-2399339		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
TEAGUE, PAIGE A 7586 W SANDLAKE ROAD ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, SCOTT T 7586 W SAND LAKE RD ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEAGUE, PAIGE 7586 W SAND LAKE RD ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, ROBERT E III 330 E. KILBOURN AVE. STE 1454 MILWAUKEE, WI 53202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Paige A. Teague</u> <u>Paige A. Teague</u>		Date <u>1/6/05</u> <u>407/352-5858</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>