## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000003126

1. Entity Name

## KIRKMAN CORNERS PROPERTY OWNERS' ASSOCIATION. IN

Principal Place of Business

ORLANDO FL 32819

7586 W SANDLAKE ROAD

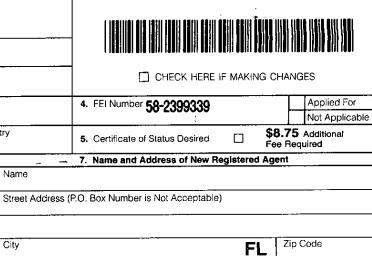


7586 W SANDLAKE ROAD ORLANDO FL 32819

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country



01-13-2003 90427 049 \*\*\*\*61.25



8.	3. 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 fam	iar with, and a	ccept
	the obligations of registered agent.		

9. Election Campaign Financing

Trust Fund Contribution.

City

SIGNATURE .

Zip

TEAGUE, PAIGE A

7586 W SANDLAKE ROAD ORLANDO FL 32819

Signature, typed o	printed name of registered agent and title if app

FILE NOW: FEE IS \$61.25

Country

6. Name and Address of Current Registered Agent

licable.

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, SCOTT T 7575 DR. PHILLIPS BLVD. STE 390 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7586 W. Sand Lake Road	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEAGUE, PAIGE 7575 DR. PHILLIPS BLVD. STE 390 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1686 W. Sand Lake Road	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, ROBERT E III 330 E. KILBOURN AVE. STE 1454 MILWAUKEE WI 53202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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:**