

ARTICLES OF INCORPORATION
OF
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

By these Articles of Incorporation, the undersigned Subscriber forms a corporation not for profit in accordance with Chapter 617, Florida Statutes, and pursuant to the following provisions (“these Articles”):

ARTICLE I

NAME

The name of the corporation shall be KISSIMMEE BAY COMMUNITY ASSOCIATION, INC. For convenience the corporation shall be referred to in this instrument as the “Association.”

ARTICLE II

DURATION

The Association shall exist perpetually unless and until dissolved according to law. Corporate existence of the Association shall commence upon the filing of these Articles with the Florida Department of State.

ARTICLE III

DEFINITIONS

The following words shall have the definitions set forth below for purposes of these Articles:

3.1. “Additional Property” shall mean and refer to those real properties, together with any improvements thereon, which are made subject to the Master Declaration under the provisions of Article IV thereof.

3.2. “Area of Common Responsibility” shall mean and refer to any lands and improvements, other than Common Property, which are to be operated, maintained or improved by the Association as the result of (1) specific Responsibility by the Master Declaration or any Supplemental Declaration, (ii) a contract between the Association, Owner, or developer/builder with respect to any lands and improvements lying in or near the land included in the Development Plan, or (iii) a decision of the Board of Directors of the Association designating lands or improvements as an Area of Common Responsibility. The Declarant hereby designates

the following as Areas of Common Responsibility: (1) maintenance, repair, replacement, lighting and irrigation of all main entrance features, signs and landscaping located at the intersection of Fortune Boulevard with the main entrance to Kissimmee Bay, (ii) the maintenance, repair, replacement, lighting and irrigation of all landscaping, signs and other entry features located on the shoulders and medians of all portions of the roads included within the subdivision plat of Kissimmee Bay and (iii) all street lighting Kissimmee Bay.

3.3. “Association” shall mean and refer to KISSIMMEE BAY COMMUNITY ASSOCIATION, INC., a Florida corporation not for profit, or its successors and assigns.

3.4. “Common Expenses” shall mean and refer to the actual and estimated expenses of operating the Association and meeting the costs incurred or to be incurred relative to the performance of the duties of the Association, including without limitation, the costs incurred for operation, maintenance and improvement of any Common Property and any Areas of Common Responsibility, and including any reserves established by the Association, all as may be found to be necessary and appropriate by the Board of Directors of the Association pursuant to the Master Declaration, the By-laws, and these Articles of Incorporation of the Association.

3.5. “Common Property” shall mean and refer to all real property and any improvements located thereon, and all personal property, from time to time intended to be devoted to the use and enjoyment of all Members of the Association and maintained by the Association at Common Expense. Common Property includes without limitation, any platted parcel which is part of the Properties and which is designated on the plat for maintenance by the Association.

3.6. “The Declarant” shall mean and refer to KISSIMMEE BAY INVESTORS, a Florida general partnership, and its successor and assigns. No successor or assignee of the Declarant shall have any rights or obligations of the Declarant hereunder unless such rights and obligations are specifically set forth in the instruments of successor or assignment, or unless such rights pass by operation of law.

3.7. “Development Plan” shall mean and refer to the non-binding, general scheme of intended uses of the lands included in Kissimmee Bay Comprehensive Development Plan, as approved by Osceola County, Florida, as amended from time to time.

3.8. “Golf Course Parcel” shall mean and refer to that portion of the Property to be developed and maintained as a golf course, clubhouse and restaurant site.

3.9. “Master Declaration” shall mean and refer to the Declaration of Covenants, Conditions and Restrictions, Easements and Reservations for Kissimmee Bay, as they may exist from time to time, and to be recorded in the Public Records of Osceola County, Florida.

3.10. “Member” shall mean and refer to each Owner who is a Member of the Association as provided in Article VII of these Articles.

3.11. “Owner” shall mean and refer to the record holder, whether one or more person or entities, of fee simple title to each Parcel included in the Properties (other than the Association); but notwithstanding any applicable theory of the law unless and until such mortgagee has acquired title pursuant to foreclosure proceeding or a conveyance in lieu of foreclosure. Every Owner shall be treated for all purposes as a single Owner for each Parcel owned by it, irrespective of whether such ownership is joint, in common or tenancy by the entirety. In the Properties, the Owner of the life estate shall be deemed to be the Owner for purposes of this definition for so long as the life estate shall exist.

3.12. “Parcel” shall mean and refer to the Golf Course Parcel and each detached single family and multi-family Residential Unit from time to time subject to the terms of the Master Declaration.

3.13. “Party Wall” shall mean and refer to the entire wall from front to rear, all or a portion of which is used for support, situated or intended to be situated on the boundary line between adjoining, separately-owned improvements.

3.14. “Property” shall mean and refer to all that certain real property described on Exhibit “A” attached to these Articles.

3.15. “The Properties” shall mean and refer to the Property, together with such Additional Properties as may be annexed thereon from time to time under the provisions of the Master Declaration, if and when annexed.

3.16. “Residential Unit” shall mean and refer to each separately described portion of The Properties which is intended to be occupied as a single family residence or household, including without limitation each residential lot (together with the residence, if any, constructed thereon), unit in a Village, condominium unit, zero lot line dwelling, attached and detached dwelling, patio home, townhouse and any other form of residential occupancy or ownership now existing or hereafter created. “Residential Unit” shall include in its meaning any interest in real property appurtenant to the ownership of the Residential Unit.

3.17. “Supplemental Declaration” shall mean and refer to any declaration of covenants and restrictions executed by the Declarant, and by the owner of the affected lands if same are not owned by Declarant, which extends the provisions of the Master Declaration to Additional Property.

ARTICLE IV

PRINCIPAL OFFICE

The principal office of the Association is located at 227 Bermuda Avenue, Kissimmee, Florida 32741.

ARTICLE V

REGISTERED OFFICE AND AGENT

O. SAM ACKLEY, whose address is 227 Bermuda Avenue, Kissimmee, Florida 32741, is hereby appointed the initial registered agent of the Association and the registered office shall be at said address.

ARTICLE VI

PURPOSE AND POWERS OF THE ASSOCIATION

The Association shall not pay dividends and no part of any income of the Association shall be distributed to its Members, directors or officers. The Association is formed to provide for, among other things, the improvement, maintenance, preservation and architectural control of the Properties and to promote the recreation, health, safety and welfare of the Owners. The Association shall have all the powers of a nonprofit corporation organized under the laws of the State of Florida, subject only to such limitations upon the exercise of such powers as are expressly set forth in these Articles, the By-laws, or the Master Declaration. The Association shall have the power and duty to do any and all lawful things which may be authorized, assigned, required or permitted to be done by the Master Declaration, any Supplemental Declaration, these Articles and the By-laws, and to do and perform any and all acts which may be necessary or proper for, or incidental to, the exercise of any of the duties or powers of the Association for the benefit of the Owners and for the maintenance, administration and improvement of the Properties, Areas of Common Responsibility and Common Property. Unless otherwise specifically prohibited, any and all functions, duties and powers of the Association shall be fully transferable, in whole or in part, to any developer, management agent, governmental unit, public body, or similar entity. Any instrument effecting such a transfer shall specify the duration thereof and the means of revocation.

ARTICLE VII

MEMBERSHIP

Each Owner, including the Declarant, shall be a Member of the Association. Any person or entity who holds any interest merely as a security for the performance of any obligation shall not be a Member. The Association membership of each Owner shall be appurtenant to the Parcel giving rise to such membership, and shall not be transferred except upon the transfer of title to said Parcel and then only to the transferee of title thereto. Any prohibited separate transfer shall be void. Any transfer of title shall operate automatically to transfer the membership in the Association appurtenant thereto to the new Owner thereof.

ARTICLE VIII

VOTING RULES

8.1 Voting Rights. The Association shall have two (2) classes of voting membership:

(a) Class "A". Class "A" Member shall be (i) all Owners, of residential units, and (ii) the lessee of the Golf Course Parcel or the party otherwise entitled to the possession of the Golf Course Parcel, with the exception of the Declarant. Class "A" Members shall be entitled on all issues to one (1) vote for each Residential Unit in which they hold the interest required for membership, and, in the case of the Golf Course Parcel, the Golf Course Owner shall be entitled to one (1) vote.

(b) Class "B". The Class "B" Member shall be the Declarant and any successor of the Declarant. Upon the execution of the Master Declaration, the Class "B" Member shall be entitled to 3 votes for each Residential Unit owned by a Class "B" Member, or an aggregate of 1,503 votes based upon 501 permitted Residential Units and the Golf Course Parcel within the Development Plan. Thereafter, the number of Class "B" votes shall be reduced by one (1) vote for each Class "A" vote from time to time existing in the Association. The Class "B" Membership shall terminate and become converted to Class "A" Membership upon the happening of the earlier of the following:

(i) When the total outstanding Class "a" in the Association equal the total outstanding Class "B" votes; or

(ii) Twenty (20) years from the date of recording the Master Declaration; or

(iii) When, in its discretion, the Declarant so determines.

From and after the happening of any one of these events, the Declarant shall call a meeting as provided in the By-laws for special meetings to advise the Association membership of termination of Class "B" status.

The Class "B" Members shall cast on all issues their votes as they among themselves determine. It shall be permitted for the Declarant to retain and to cast all Class "B" votes.

8.2 Declarant Veto Power. From and after the termination of the Class "B" membership, the Declarant shall have a veto power over all actions of the Association and the Board of Directors of the Association. This power shall expire when the Class "A" vote, other than that held by the Declarant, equals ninety percent (90%) of the total membership vote (regardless of class distinction) of the Association, or December 31, 2019, whichever occurs first. The veto shall be exercised as follows:

No action authorized by the Association or the Board of Directors shall become effective, nor shall any action, policy program be implemented, until and unless:

(i) The Declarant shall have been given written notice of each meeting of the Member and of the Board of Directors by certified mail, return receipt requested or by personal delivery, at the address it has registered from time to time with the Secretary of the Association, which notice otherwise complies with the terms of the Bylaws as to regular and special meetings of the Members and Board of Directors and which notice shall set forth with reasonable particularity the agenda to be followed at said meeting; and

(ii) The Declarant shall have been given the opportunity at each such meeting, if Declarant so desires, to join in, or to have its representatives or agents join in, discussion of any prospective action, policy, or program to be implemented by the Board or the Association. The Declarant and its representatives or agents may make its concerns and suggestions known to the Members of the Association or of the Board. At such meeting the Declarant shall have, and is hereby granted, a veto power over any such action, policy or program authorized by the Board of Directors, the Association officers, or officers or agent of the Association, or any individual Member of the Association (if Association or Board approval is necessary for said Member's action). Except as set forth in subsection (iii) below, the Declarant veto must be exercised by the Declarant, its representatives, or agents at or before the meeting to consider proposed action. The veto power shall not include the authority to require any affirmative action of behalf of the Board or the Association; and

(iii) If any action, policy or program is to be implemented by prior consent without the formality of a meeting, then the Declarant shall be provided a written notice and description of the proposed action, policy or program at least ten (10) days in advance of such implementation, and Declarant shall have ten (10) days after receipt of such notice to exercise its veto.

8.3 Multiple Owners. Each vote in the Association must be cast as a single Vote, and fractional votes shall not be allowed. In the event that joint or multiple Owners are unable to agree among themselves as to how their vote or votes shall be cast, they shall lose their right to vote on the matter in question. If any Owner of Owners cast a vote on behalf of a particular Parcel, it shall thereafter be conclusively presume for all purposes that he was or they were acting with the authority and consent of all Owners thereof. In the event more than the appropriate number of votes are cast for a particular Parcel, none of said votes shall be counted and said votes shall be deemed void.

ARTICLE VIII

BOARD OF DIRECTORS

The affairs of the Association shall be managed by a Board of three (3) directors who need not be Members. The initial Board shall be comprised of three (3) people, but may be enlarged to a many as nine (9) people by amendment to these Articles; provided that there shall

always be an odd number of directorships created. The names and addresses of persons who are to act in the capacity of director until appointment or election of their successors pursuant to these Articles are:

<u>Name</u>	<u>Address</u>
O. Sam Ackley	Ackley Construction and Development Company, Inc. 227 Bermuda Avenue Kissimmee, Florida 32741
Donald R. Kris	Houston Sports Association, Inc. Post Office Box 288 Houston, Texas 77001
Laurence C. Hames	Winderweedle, Haines, Ward & Woodman, P.A. Post Office Box 1391 Orlando, Florida 32802-1391

Once the Declarant relinquishes its right to appoint the Board of Directors, the Members shall elect the directors for staggered terms of three (3) years each. To create the staggered terms, one post shall become vacant in one (1) year and a successor director shall be elected. The second post shall be deemed vacant at the end of the second year, and a successor director shall be elected. The third post shall be deemed vacant at the end of the third year, and a successor director shall be elected. All successor directors shall serve for terms of three (3) years each. In the event that the number of people comprising the Board of Directors is changed, such change in number shall be implemented in such a manner as to have a nearly equal in number as possible the number of directors whose terms expire in any given year.

ARTICLE IX

OFFICERS

The affairs of the Association shall be administered by the officers designated in the Bylaws. The officers shall be elected by the Board of Directors at the first meeting, and they shall serve at the pleasure of the Board of Directors. The names and addresses of the officers who shall serve until their successors are designated by the Board of Directors are as follows:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President	O. Sam Ackley	Ackley Construction and Development Company, Inc. 227 Bermuda Avenue Kissimmee, Florida 32741

Treasurer Donald R. Kriz Houston Sports Association,
Inc.
Post Office Box 288
Houston, Texas 77001

Secretary Laurence C. Hames Winderweedle, Haines, Ward
& Woodman, P.A.
Post Office Box 1391
Orlando, FL 32802-1391

ARTICLE X

INDEMNIFICATION

10.1 Every director and every officer of the Association shall be indemnified by the Association against all expenses and liabilities, including counsel fees, reasonably incurred by or imposed upon him in connection with any proceeding whether civil, criminal, administrative or investigative, or any settlement of any proceeding, or any appeal from such proceeding to which he may be a party or in which he may become involved by reason of his being or having been a director or officer of the Association, or having served at the Association's request as a director or officer of any other corporation, whether or not he is a director by whom the proceeding was brought, except in relation to matters as to which any such director or officer shall be adjudged liable for gross negligence or willful misconduct, provided that in the event of a settlement, the indemnification shall apply only when the Board of Directors of the Association approves such settlement and reimbursement as being for the best interest of the Association. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director or officer may be entitled.

10.2 Expenses incurred in defending a suit or proceeding whether civil, criminal, administrative or investigative may be paid by the Association in advance of the final disposition of such action, suit or proceeding if authorized by all of the noninterested director upon receipt of an undertaking by or on behalf of the director or officer to repay such amount if it shall ultimately be determined that he is not to be indemnified by the Association as authorized by these Articles of Incorporation.

10.3 The Association shall have the power to purchase at its expense and maintain insurance on behalf of any person who is or was a director or officer of the Association, or is or was serving at the request of the Association as a director or officer of another association, against any liability asserted against him and incurred by him in any such capacity, or arising out of his status as such, whether or not the Association would have the power to indemnify him against such liability under the provisions of these Articles.

ARTICLE XI

BYLAWS

The Bylaws of the Association shall be adopted by the Board of Directors and may be altered, amended, or rescinded in the manner provided by the Bylaws.

ARTICLE XII

ADDITIONAL PROPERTY

Additional Property may be added from time to time to the Property in accordance with the Master Declaration. When made, the additions shall extend the jurisdiction, functions, duties and membership of the Association to such Additional Property as may be contemplated by the Master Declaration.

The Association and each Member must accept as Members the Owners of all Parcels where the instrument hereafter annexing Additional Property to the jurisdiction of the Association provides that the Owners of the Parcels located therein are intended to be Members of the Association and that the Association is intended to have jurisdiction over them.

ARTICLE XIII

AMENDMENTS

Amendments to these Articles of Incorporation shall be made in the following manner:

13.1 Resolution. The Board of Directors shall adopt a resolution setting forth the proposed amendment and directing that it be submitted to a vote at a meeting of Members, which may be either the annual or a special meeting.

13.2 Notice. Within the time and in the manner provided in the Bylaws for the giving of notice of meeting of Members, written notice setting forth the proposed amendment or a summary of the changes to be effected thereby shall be given to each Member of record entitled to vote thereon. If the meeting is an annual meeting, the proposed amendment or such summary may be included in the notice of such annual meeting.

13.3 Vote. At such meeting, a vote of the Members entitled to vote thereon shall be taken on the proposed amendment. The proposed amendment shall be adopted upon receiving both the affirmative vote of a majority of the votes of the Members of each class entitled to vote thereon as a class and the affirmative vote of a majority of the votes of all Members entitled to vote thereon.

13.4 Multiple Amendments. Any number of amendments may be submitted to the Members and voted upon by them at one meeting.

13.5 Agreement. If all of the Directors and all of the Members eligible to vote sign a written statement manifesting their intention that an amendment to these Articles be adopted, then the amendment shall thereby be adopted as though subsection 13.1 through 13.3 had been satisfied.

13.6 Action Without Directors. The Members may amend these Articles without an act of the directors at a meeting for which notice of the changes to be made are given.

13.7 Limitations. No amendment shall make any changes in the qualifications for Members nor the voting rights of Members without the approval in writing by all Members. No amendment shall be made that is in conflict with the Master Declaration. So long as the Declarant shall own any lands within the Development Plan which are subject to potential annexation, no Declaration related amendment shall be made to the Master Declaration, any Supplemental Declaration, or to the Articles or Bylaws of the Association unless such amendment is first approved in writing by the Declarant. Any amendment shall be deemed to be Declaration related if it does any of the following:

- (i) directly or indirectly by its provisions or in practical application related to the Declarant in a manner practical application related to the Declarant in a manner different from the manner in which it relates to other owners;
- (ii) modified the definitiona provided for by Article I of the Master Declarations in amanner which alters the Declarant's rights or status;
- (iii) modified or repeals any provision of Article II of the Master Declaration;
- (iv) alters the character and rights or membership as provided in the Master Declaration or affects or modifies in any manner whatsoever the rights of Declarant as a Member of the Association;
- (v) alters any previously recorded or written agreement with any public or quasi-public agencies, utility company, political subdivision, public authorities or other similar agencies or bodies, respecting zoning, streets, roads, drives, easements or facilities;
- (vi) denies the right of the Declarant to convey to the Association Common Property or Village Common Property;
- (vii) alters or repeals any of the Declarant's rights or any provision applicable to the Declarant's rights as provided for by such provision of the Master Declaration or any Supplements Declaration.

13.8 Filing. A copy of each amendment shall be certified by the Secretary of State, State of Florida, and be recorded in the Public Records of Orange County, Florida.

ARTICLE XIV

SUBSCRIBER

The name and address of the Subscriber to these Articles of Incorporation are as follows:

<u>Name</u>	<u>Address</u>
Kissimmee Bay Investors, a Florida general partnership	227 Bermuda Avenue Kissimmee, Florida 32741

ARTICLE XIV

NONSTOCK CORPORATION

The Association is organized on a nonstock basis and shall not issue shares of stock evidencing membership in the Association; provided, however, that the membership in the Association may be evidenced by a certificate of membership which shall contain a statement that the Association is a corporation not for profit.

IN WITNESS WHEREOF, the undersigned Subscriber has caused these presents to be executed as of the 3rd day of November, 1989.

Signed, sealed and delivered
In the presence of:

KISSIMMEE BAY INVESTORS,
a Florida general partnership

BY: ACKLEY CONSTRUCTION AND
DEVELOPMENT COMPANY, INC.,
General Partner

BY: Signed
O. SAM ACKLEY,
President

Signed by Notary

Signed by Witness

STATE OF FLORIDA

COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, and officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared O. SAM ACKLEY, to be known to be the President of ACKLEY CONSTRUCTION AND DEVELOPMENT COMPANY, INC., a corporate General Partner of KISSIMMEE BAY INVESTORS, the subscriber general partnership described in the foregoing Articles of Incorporation, and he acknowledged and swore to the execution of the said Articles of Incorporation for the partnership for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 3rd day of November, 1989.

Signed by Notary

Notary Public

My Commission Expires:

{Seal indicates March 16, 1990}

CERTIFICATE DESIGNATING REGISTERED AGENT FOR
SERVICE OF PROCESS

Pursuant to Chapters 48 and 617, Florida Statutes, the following is submitted in compliance with said Acts.

KISSIMMEE BAY COMMUNITY ASSOCIATION, INC., desiring to organize as a corporation under the laws of the State of Florida, with its registered office at 227 Bermuda Avenue, Kissimmee, Florida 32741, has named O. SAM ACKLEY, located at the above-registered office, as its Registered Agent to accept service of process within the State.

ACKNOWLEDEMENT

Having been named to accept service of process for the above-stated corporation at the place designated in this Certificate, I hereby accept the act in this capacity and agree to comply with the provisions of said Acts relative to keeping open said office.

Signed

O. SAM ACKLEY
Registered Agent

Dated: November 3rd, 1989

N/35196

Requestor's Name

1700 Lee Janzen Drive • Kissimmee, Florida 34744

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 *****35.00 *****35.00
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

97 NOV 20 PM 12:53
 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS DEC 1 1997

Examiner's Initials	
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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

1b. Date of incorporation November 13, 1989 Document number N35196

2. The name and address of the current registered agent and office:

~~O. Sam Ackley~~ James W. Hart, Jr.

~~227 Bermuda Avenue, Kissimmee, Florida~~ 2180 W. SR 434, Ste. 5000, Longwood, FL.

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Rodger Chieffalo

1700 Lee Janzen Drive Kissimmee, Florida 34744

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

x *Rodger Chieffalo*

Rodger Chieffalo - President

SIGNATURE

Typed or printed name and title

x 11/19/97

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

x *Rodger Chieffalo*

(Registered Agent)

DATE

x 11/19/97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
97 NOV 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA
32779

N/35196

Requestor's Name

1700 Lee Janzen Drive • Kissimmee, Florida 34744

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 *****35.00 *****35.00
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
 97 NOV 20 PM 12:53
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
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<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
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<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS DEC 1 1997

Examiner's Initials	
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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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~~227 Bermuda Avenue, Kissimmee, Florida~~ 2180 W. SR 434, Ste. 5000, Longwood, FL.

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

Rodger Chieffalo

1700 Lee Janzen Drive Kissimmee, Florida 34744

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

x *Rodger Chieffalo*

Rodger Chieffalo - President

SIGNATURE

Typed or printed name and title

x 11/19/97

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

x *Rodger Chieffalo*

(Registered Agent)

DATE

x 11/19/97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
31 NOV 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA
32779

N35196

**SENTRY
MANAGEMENT INC.**

2180 State Road 434 W Ste 5000
Longwood FL 32779-5044

5104100
RETURN SERVICE REQUESTED

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **700004734097--4**
-12/20/01--01034--004
*****87.50 *****87.50
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
 01 DEC 21 AM 10:09
 STATE OF FLORIDA
 CLERK OF THE COURT

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

N35196
 12-21-01
 10-12-01
 870

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JAMES W HART JR
(Name of registered agent)

hereby resigns as Registered Agent for KISSIMEE BAY COMMUNITY ASSOCIATION, INC
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

[Signature]
(Signature of resigning agent)

FILED
DEC 21 AM 10:09
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

SENTRY MANAGEMENT INC
(Typed or Printed Name)

PRESIDENT
(Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

N 35196

OAKRIDGE MANAGEMENT, INC.
3501 W VINE ST
SUITE 522
KISSIMMEE, FL 34741

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #) **500004788855--2**
-01/22/02--01086--016
*****35.00 *****35.00
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED
 02 FEB 15 PM 3:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials *AL 2/18*



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

RECEIVED
JAN 29 2002

January 24, 2002

OAKRIDGE MANAGEMENT, INC.
3501 W. VINE ST., STE 522
KISSIMMEE, FL 34741

SUBJECT: KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.
Ref. Number: N35196

We have received your document for KISSIMMEE BAY COMMUNITY ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Also, please correct spelling of registered agent. A printout is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 502A00004148

RECEIVED
02 FEB 15 AM 8:19
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

2. The mailing address of the corporation: 3501 W. VINE ST SUITE 503 KISSIMMEE, FL 34741

3. Date of incorporation/qualification: APR 13, 1989 Document number: N 35196

4. The name and address of the current registered agent and office:
JAMES W. HART JR - Security Mgmt
339A W VINE ST 2180 W SR 434 Ste 5000
KISSIMMEE FL 34741 LONGWOOD FL 32779

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Realty
DAKRIDGE REALTY, LLC
3501 W. VINE STREET, SUITE 503
KISSIMMEE, FLORIDA 34741

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Julie E Charter (Signature of an officer, chairman or vice chairman of the board) 1/3/02 (Date)

Julie E CHARTER, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

David Smith (Signature of Registered Agent) Jan 2, 2002 (Date)

If signing on behalf of an entity:
DAVID SMITH (Typed or Printed Name) PRESIDENT (Capacity)

*** FILING FEE: \$35.00 ***

FILED
FEB 15 PM 3:55
DEPT. OF STATE
TALLAHASSEE, FLORIDA

N35196

Oakridge Management, LLC

**PO Box 421149
Kissimmee, FL 34742-1149**

700006812407--5
-07/31/02--01033--005
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 JUL 31 PM 4:26

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

RA Chg.
V SHEPARD AUG 8 2002

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, the State of Florida.

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
02 JUL 31 PM 4:26

- 1. The name of the corporation: Kissimmee Bay Community Association, Inc.
- 2. The mailing address of the corporation: 12 E. Monument Ave Kissimmee, FL 34741
- 3. Date of incorporation/qualification: 2/20/1989 Document number: N35196
- 4. The name and address of the current registered agent and office:

Oakridge Realty LLC
3501 W. Vine St Suite 503 12 E. Monument Ave
Kissimmee, FL 34741 Kissimmee, FL 34741

- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Oakridge Management, LLC
12 E. Monument Ave
Kissimmee, FL 34741

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Julie E. Chartier
(Signature of an officer, chairman or vice chairman of the board) _____ (Date) _____

Julie E. Chartier, president
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Dollie Clark Boyd 7/18/02
(Signature of Registered Agent) _____ (Date) _____

If signing on behalf of an entity:
Dollie Clark LCAM
(Typed or Printed Name) _____ (Capacity) _____

*** FILING FEE: \$35.00 ***

N35196

D & F Management, LLC

PO Box 421149

Kissimmee, FL 34742-1149

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

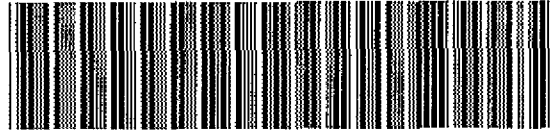
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600000541186

10/23/02--01081--008 **35.00

02 OCT 23 AM 10:18
DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED

RA -
PS 10/25/02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kissimmee Bay Community Association, Inc.

2. The mailing address of the corporation: P.O. Box 421149
Kissimmee, FL 34742-1149

3. Date of incorporation/qualification: 11/13/1989 Document number: N35196

4. The name and address of the current registered agent and office:
Oakridge Management, LLC
12 E. Monument Ave.
Kissimmee, FL 34741

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable):
D & F Management, LLC
12 E. Monument Ave
Kissimmee, FL 34741

FILED
OCT 23 AM 10:18
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board:

Julie E Charter
(Signature of an officer, chairman or vice chairman of the board)

10/8/2002
(Date)

JULIE E CHARTER
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Dollie Boyd
(Signature of Registered Agent)

10/8/02
(Date)

If signing on behalf of an entity:
Dollie Boyd
(Typed or Printed Name)

LCAM
(Capacity)

*** FILING FEE: \$35.00 ***

N/35196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



100056687841

FILED
05 JUL 18 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/30/05--01048--007 **35.00

Zhang
Dec 5/19



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 8, 2005

DOLLIE BOYD
FLORIDA ASSOCIATION MANAGEMENT, INC.
PO BOX 421430
KISSIMMEE, FL 34742-1430

SUBJECT: KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.
Ref. Number: N35196

We have received your document for KISSIMMEE BAY COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 705A00045455

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kissimmee Bay Community Association, Inc.
(Name of corporation)

DOCUMENT NUMBER: N35196

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dollie Boyd
(Name of contact person)

Florida Association Management, Inc.
(Firm/Company)

P.O. Box 421430
(Address)

Kissimmee, FL 34742-1430
(City/state and zip code)

For further information concerning this matter, please call:

Dollie Boyd at (407) 908-8985
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Kissimmee Bay Community Association, Inc.
2. The principal office address: 3383 W. Vine Street, Suite 307 Kissimmee, FL 34741
3. The mailing address (if different): P.O. Box 421430 Kissimmee, FL 34742-1430
4. Date of incorporation/qualification: 11/13/1989 Document number: N35196
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAE Management, LLC
3383 W. Vine Street, Suite 307
Kissimmee, FL 34741

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Florida Association Management, Inc
3361 W. Vine St., Suite 208
Kissimmee, FL 34741
(P.O. Box: NOT acceptable)

FILED
05 JUL 18 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ruth Connors
(Signature of an officer or director)

Ruth Connors - President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Dollie Boyd
(Signature of Registered Agent)

6/22/05
(Date)

If signing on behalf of an entity:

Dollie Boyd
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N35196 (7)
1. Corporation Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 **2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779**

3. Date Incorporated or Qualified: **11/13/1989** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3066750		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W. JR.
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
	State	FL
85	Zip Code	

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: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTER, ROBERT			12 NAME			
STREET ADDRESS	1515 MICHIGAN AVE			13 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			14 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STINE, WILLIAM			22 NAME			
STREET ADDRESS	1515 MICHIGAN AVE			23 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			24 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JIMMIE			32 NAME			
STREET ADDRESS	1515 MICHIGAN AVE			33 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jimmie Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmie Williams 3/20/96 (407) 933-0286

Date

Daytime Phone #

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N35196 (7)
1. Corporation Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779
Mailing Address: 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779-5044

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3066750
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HART, JAMES W. JR.
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARTER, ROBERT	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STINE, WILLIAM	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMIE	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RODGER	
1.3 STREET ADDRESS	1700 Lee Janzen DRIVE	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID L. JOE LYNCH	
3.3 STREET ADDRESS	1700 LEE JANZEN DRIVE	
3.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Sandra B. Mortham PRESIDENT 3/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 00

CR2E037 (9/96)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAR 26 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35196 (7)
1. Corporation Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business: 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779
Mailing Address: 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 11/13/1989
4. FEI Number: 59-3066750
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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? [X] Yes [] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W. JR.
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: JAMES W. HART, JR. DATE: 6/2/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CHIEFFALO, RODGER	
STREET ADDRESS	1700 LEE JANZEN DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	DELETE
NAME	STINE, WILLIAM	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	DELETE
NAME	LYNCH, DAVID L	
STREET ADDRESS	1700 LEE JANZEN DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12


1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[X] Change	[] Addition
2.2 NAME		
2.3 STREET ADDRESS	2801 Kissimmee Bay Blvd	
2.4 CITY-ST-ZIP		
3.1 TITLE	[X] Change	[] Addition
3.2 NAME	STD	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	Bank # 3/26/98	
6.3 STREET ADDRESS	93807/044	
6.4 CITY-ST-ZIP	61.25 dup.	

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.

SIGNATURE: [Signature] RODGER CHIEFFALO DATE: 2/18/97
[Signature] DATE: 6/4/98

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90242 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35196

1. Corporation Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779	Mailing Address 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 11/13/1989	4. FEI Number 59-3066750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HART, JAMES W JR. 2180 W SR 434 SUITE 5000 LONGWOOD FL 32779		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
--	--	---	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHIEFFALO, RODGER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 LEE JANZEN DRIVE	1.2 NAME	
STREET ADDRESS	KISSIMMEE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD STINE, WILLIAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2801 KISSIMMEE WAY BLVD	2.2 NAME	
STREET ADDRESS	KISSIMMEE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD LYNCH, DAVID L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 LEE JANZEN DRIVE	3.2 NAME	
STREET ADDRESS	KISSIMMEE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rodger Chieffalo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Rodger Chieffalo

3-1-99
 Date

Daytime Phone #

CR2E037 (11/98)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90015 030 ****61.25

DOCUMENT # N35196

1. Entity Name

KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779

Mailing Address

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779

UUUZZZZZ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3066750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.
 2180 W SR 434
 SUITE 5000
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIEFFALO, RODGER 1700 LEE JANZEN DRIVE KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STINE, WILLIAM 2801 KISSIMMEE WAY BLVD KISSIMMEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYNCH, DAVID L 1700 LEE JANZEN DRIVE KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, FRANCES 1700 Lee Janzen Dr Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLIM, JR., CARL 1700 Lee Janzen Dr Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Collins
 Frances

Date

2/7/2000

Daytime Phone #

CR2E037 (9/99)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90029 025 ****61.25

0090648

DOCUMENT # N35196

1. Entity Name

KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779

2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779

00031576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3066750

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, JAMES W JR.
 2180 W SR 434
 SUITE 5000
 LONGWOOD FL 32779

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, FRANCES 1700 LEE JANZEN DRIVE KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STINE, WILLIAM 2801 KISSIMMEE WAY BLVD KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLIM, CARL JR 1700 LEE JANZEN DRIVE KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frances Collins* 4/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

03-04-2002 90022 019 ****61.25

DOCUMENT # N07885
 1. Entity Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC

Principal Place of Business Mailing Address
OAKRIDGE REALTY LLC
12 E. MONUMENT AVE
KISSIMMEE, FLORIDA 34741

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
KISSIMMEE, FL
 Zip Country Zip Country
34741



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3066750** 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
 Name **OAKRIDGE REALTY LLC**
 Street Address (P.O. Box Number is Not Acceptable)
12 E. MONUMENT AVE
 City **KISSIMMEE** FL Zip Code **34741**

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.

SIGNATURE *David Smith*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) 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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD COLLINS, FRANCES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1700 LEE JANSEN DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	VTD STINE, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2801 KISSIMMEE WAY BLVD	
CITY-ST-ZIP	KISSIMMEE, FL	
TITLE NAME	D BUM, CARL JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1700 LEE JANSEN DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D PRESIDENT JULIE CHARTIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1708 LEE JANSEN DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	D VICE PRESIDENT RICHARD BRADLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	524 SIMPSON RD	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME	D SEC/TREASURE TIMOTHY LARSEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	825 MAIN ST SUITE 20	
CITY-ST-ZIP	WINDMERE, FL 34786	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *David J. Tan* **5/24/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)


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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90108 012 ****61.25

DOCUMENT # N35196

1. Entity Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**OAKRIDGE REALTY LLC
12 E MONUMENT AVE
KISSIMMEE FL 34741**

Mailing Address
**P O BOX 421149
KISSIMMEE FL 34742-1149**

90020188



2. Principal Place of Business
D & F Management

3. Mailing Address
12 E. Monument Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, FL

City & State

Zip
34741

Country

4. FEI Number **59-3066750**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D & F MANAGEMENT, LLC
12 E. MONUMENT AVE
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

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 **Nollie Boyd, agent**

Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/21/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARTIER, JULIE 1708 LEE JANSEN DR KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADLEY, RICHARD 524 SIMPSON RD KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARSEN, TIMOTHY 825 MAIN ST, STE 20 WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #


CR2E037 (10/02)

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90319 041 ****61.25

DOCUMENT # N35196
 1. Entity Name
KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
D & F MANAGEMENT
12 E MONUMENT AVE
KISSIMMEE, FL 34741


Mailing Address
P O BOX 421149
KISSIMMEE, FL 34742-1149

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



02232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3066750

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

D & F MANAGEMENT, LLC
12 E MONUMENT AVE
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

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 *Nollie Boyd, agent* DATE *3/26/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARTIER, JULIE	
STREET ADDRESS	1708 LEE JANSEN DR	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRADLEY, RICHARD	
STREET ADDRESS	524 SIMPSON RD	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LARSEN, TIMOTHY	
STREET ADDRESS	825 MAIN ST, STE 20	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Connors	
STREET ADDRESS	1769 Lee Jansen Drive	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Julie E Chart* DATE *3/26/2004* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90048 013 ****61.25



DOCUMENT # N35196				1. Entity Name KISSIMMEE BAY COMMUNITY ASSOCIATION, INC.	
Principal Place of Business D&F MANAGEMENT 12 E MONUMENT AVE KISSIMMEE, FL 34741			Mailing Address P O BOX 421149 KISSIMMEE, FL 34742-1149		
2. Principal Place of Business 3383 W. Vine St.		3. Mailing Address			
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State			
Zip 34741		Country		Zip	
Country		Country		4. FEI Number 59-3066750	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent D & F MANAGEMENT, LLC 12 E MONUMENT AVE KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name D&F Management, LLC Street Address (P.O. Box Number is Not Acceptable) 3383 W. Vine St Suite 307 City Kissimmee FL Zip Code 34741		
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: Ralph Boyd, LCAM, agent DATE: 3/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARTIER, JULIE 1708 LEE JANSEN DR KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Billy Joe Walker 2832 Prado Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Robert Kane 1713 Lee Janzen Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, RICHARD 524 SIMPSON RD KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARSEN, TIMOTHY 825 MAIN ST, STE 20 WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jeri DeVore 1700 Lee Janzen Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD President CONNORS, RUTH 1769 LEE JANZEN DR. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Phillips 2739 Kissimmee Bay Cir. Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ruth Connors		Date: 3/23/05		Daytime Phone #: 407-847-0073	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



02102005 Chg-NP CR2E037 (10/03)