

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

0063448

04-02-2001 90311 028 ****61.25

DOCUMENT # 716487

1. Entity Name

KALMIA CONDOMINIUM NO.2, INC.

Principal Place of Business

Mailing Address

C/O PROGRESSIVE MANAGEMENT
 2753 STATE RD 580 #207
 CLEARWATER FL 33761
 US

2753 STATE RD 580
 SUITE 207
 CLEARWATER FL 33761
 US

2. Principal Place of Business

103 CLEVELAND AV. SW

Suite, Apt. #, etc.

3. Mailing Address

103 CLEVELAND AV. SW

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

59-2180505

Applied For

Not Applicable

Zip

33770

Country

USA

Zip

33770

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REARDON, MAUREEN C CPM
2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name **DEBBIE REINHARDT**
 Street Address (P.O. Box Number is Not Acceptable)
C/O RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE. S.W.
 City **LARGO, FL** Zip Code **33770**

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

Debbie Reinhardt

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	SD CREMONA, JAMES 1235 S. HIGHLAND AVE. #106B CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FESTA, DOMINQUE 1235 S HIGHLAND AVE #302 B CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEVIER, LOUISE 1235 S HIGHLAND AVE #108-B CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREMONA, LORRAINE 1235 S HIGHLAND AVE #108-B CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILEDITTS, HELEN 1235 S HIGHLAND AVE #108-B CLEARWATER FL	<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:

James T. R. Cremona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

Daytime Phone #

CR2E037 (10/00)