2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716487

FILED Mar 30, 2006 Secretary of State

Entity Name: KALMIA CONDOMINIUM NO.2, INC.

US

Current Principal Place of Business: New Principal Place of Business:

7300 PARK STREET SEMINOLE, FL 33777 US

Current Mailing Address: New Mailing Address:

7300 PARK STREET 7300 PARK STREET

SUITE 207 SEMINOLE, FL 33777 US SEMINOLE, FL 33777 US

FEI Number: 59-2180505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINHARDT, DEBBIE 7300 PARK STREET SEMINOLE, FL 33777

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CREMONA, LORRAINE CREMONA, LORRAINE Name: Name: 1235 S. HIGHLAND AVE. #304 Address: 1235 S. HIGHLAND AVE. #304 Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

(X) Change () Addition Title: VD () Delete Title: FESTA, DOMINIC Name: FESTA, DOMINIC Name:

Address: 1235 S. HIGHLAND AVE. #307 Address: 1235 S. HIGHLAND AVE. #307 City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

Title: () Delete Title: (X) Change () Addition

CAFFREY, PHYLLIS CAFFREY, PHYLLIS Name: Name: 1235 S. HIGHLAND AVE #106 1235 S. HIGHLAND AVE #106 Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

Title: Title: () Change () Addition () Delete

Name: SANDERS, JIM Name: 1235 S. HIGHLAND AVE #302 Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip:

Title: () Delete Title: DVP (X) Change () Addition

FESTA, TINA Name: Name: FESTA, TINA

1235 S. HIGHLAND AVE. #307 1235 S. HIGHLAND AVE. #307 Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS CAFFREY DP 03/30/2006