

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716936 (0)

1. Corporation Name

KALMIA CONDOMINIUM NO. 3, INC.



Principal Place of Business

Mailing Address

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 34621
US

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 34621
US

3. Date Incorporated or Qualified

07/28/1969

3a. Date of Last Report

02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2180506

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 title 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 ☐ DELETE

NAME DONOHUE, FRANCIS J
STREET ADDRESS 1235 S. HIGHLAND #304-C
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE V/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1235 S. HIGHLAND AVE #304-C
1.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE VPD ☐ DELETE

NAME CAGANEY, VICTOR
STREET ADDRESS 1235 S HIGHLAND AVENUE, #201C
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME CAGANEY, VICTOR F.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE S ☐ DELETE

NAME GOETZ, JANE
STREET ADDRESS 1235 S HIGHLAND AVE 101C
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE T ☐ DELETE

NAME BLACKERT, HAROLD
STREET ADDRESS 1235 S HIGHLAND AVE 208C
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ☐ DELETE

NAME GILPATRIC, MARY
STREET ADDRESS 1235 S HIGHLAND AVE 306-C
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Victor F. Cagane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR F. CAGANEY

1-19-1996

Date

(813) 442-2374

Daytime Phone #

CR2E037 (12/95)