

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 719180 (2)

1. Corporation Name

KALMIA CONDOMINIUM NO. 5, 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

08/21/1970

3a. Date of Last Report

02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

4. FEI Number

59-1673186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 SD ☐ DELETE  
NAME JABERG, KATHERINE  
STREET ADDRESS 1235 S HIGHLAND #710F  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME BATES, HOMER  
STREET ADDRESS 1235 S. HIGHLAND #506F  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME HOPPE, IRVIN  
STREET ADDRESS 1235 S HIGHLAND #101F  
CITY-ST-ZIP CLEARWATER FL

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

TITLE VD ☐ DELETE  
NAME LAPRADE, VICTOR  
STREET ADDRESS 1235 S HIGHLAND #706F  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE P/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME NOHREN, EDYTHE  
STREET ADDRESS 1235 S HIGHLAND #301F  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE V/D ☐ Change ☒ Addition  
5.2 NAME POLCARI, JOSEPH  
5.3 STREET ADDRESS 1235 S. HIGHLAND AVE #502F  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)