


1-31-97 B-1164 -C

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 34621-3345
US

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/21/1970

3a. Date of Last Report

01/29/1996

4. FEI Number

59-1673186

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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	SD	<input type="checkbox"/> DELETE
NAME	JABERG, KATHERINE	
STREET ADDRESS	1235 S HIGHLAND #710F	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BATES, HOMER	
STREET ADDRESS	1235 S. HIGHLAND #508F	
CITY-ST-ZIP	CLEARWATER FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPPE, IRVIN	
STREET ADDRESS	1235 S HIGHLAND #101F	
CITY-ST-ZIP	CLEARWATER FL	

3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAPRADE, VICTOR	
STREET ADDRESS	1235 S HIGHLAND #706F	
CITY-ST-ZIP	CLEARWATER FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NOHREN, EDYTH	
4.3 STREET ADDRESS	1235 S. HIGHLAND AVE #301F	
4.4 CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLCARI, JOSEPH	
STREET ADDRESS	1235 S. HIGHLAND AVE. #502F	
CITY-ST-ZIP	CLEARWATER FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:



 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-15-97
Date442-9647
Daytime Phone # 0067404

CR2E037 (9/96)