

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719180

1. Entity Name

KALMIA CONDOMINIUM NO. 5, INC.

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90102 001 ****61.25

Principal Place of Business

Mailing Address

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 33761
US

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 33761-3345
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code
33761

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME V/D
STREET ADDRESS HOPPE, IRVIN
CITY-ST-ZIP 1235 S. HIGHLAND AVE #101F
CLEARWATER FL 33756

TITLE D ☒ Delete
NAME PRANGE, PETER
STREET ADDRESS 1235 S. HIGHLAND AVE/#607F
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MONETTE, GERALD
CITY-ST-ZIP 1235 S. HIGHLAND AVE #707F
CLEARWATER FL 33756

TITLE VD ☐ Delete
NAME SIMMONS, DON
STREET ADDRESS 1235 S HIGHLAND AVE #708F
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☒ Change ☐ Addition
NAME T/D
STREET ADDRESS
CITY-ST-ZIP CLEARWATER FL 33756

TITLE PD ☐ Delete
NAME DEVRIES, RAY
STREET ADDRESS 1235 S HIGHLAND AVE #606F
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RAYMOND DEVRIES 1/13/00 444-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)