

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719180

1. Entity Name

KALMIA CONDOMINIUM NO. 5, INC.

Principal Place of Business

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 33761
US

Mailing Address

2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 33761
US

2. Principal Place of Business

103 CLEVELAND AV. S.W.

Suite, Apt. #, etc.

3. Mailing Address

103 CLEVELAND AV. S.W.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

Country

33770 USA

Zip

Country

33770 USA

4. FEI Number

59-1673186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: DEBBIE REINHARDT
Street Address (P.O. Box Number is Not Acceptable)
C/O RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE S.W.
City: LARGO, FL Zip Code: 33770

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

Debbie Reinhardt

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	JABERG, KATHERINE	
STREET ADDRESS	1235 S HIGHLAND #710F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOPPE, IRVIN	
STREET ADDRESS	1235 S HIGHLAND AVE #101F	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONETTE, GERALD	
STREET ADDRESS	1235 S HIGHLAND AVE #707F	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, DON	
STREET ADDRESS	1235 S HIGHLAND AVE #708F	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVRIES, RAY	
STREET ADDRESS	1235 S HIGHLAND AVE #606F	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01 (727) 581-2662

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)