

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90011 017 \*\*\*\*61.25

**DOCUMENT # 719180**

1. Entity Name

**KALMIA CONDOMINIUM NO. 5, INC.**

Principal Place of Business

**103 CLEVELAND AVE SW  
LARGO FL 33770  
US**

Mailing Address

**103 CLEVELAND AVE SW  
SUITE 207  
LARGO FL 33770  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**REINHARDT, DEBBIE  
C/O RESOURCE PROPERTY MANAGEMENT  
103 CLEVELAND AVE SW  
LARGO FL 33770**

Name

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

City

**FL**

Zip Code

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED STEEVES	
STREET ADDRESS	1235 S. HIGHLAND AV. #202 F	
CITY-ST-ZIP	CLEARWATER, FL 33756	

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"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE DOREY	
STREET ADDRESS	1235 S. HIGHLAND AV #109	
CITY-ST-ZIP	CLEARWATER, FL 33756	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>MONETTE, GERALD</del>	
STREET ADDRESS	1235 S HIGHLAND AVE #707F	
CITY-ST-ZIP	CLEARWATER FL 33756	

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

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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 another line empowered.

SIGNATURE: *Raymond Devries Jr* **RAYMOND DEVRIES JR** 1/16/02 (727) 581-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)