

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90001 004 ****61.25

DOCUMENT # N99000004899

1. Entity Name

KLEIN ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

31721 SR 54 W.
 ZEPHYRHILLS FL 33543-6059

31721 SR 54 W.
 ZEPHYRHILLS FL 33543-6059

00040798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3651869

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

KLEIN, MARC
31721 SR 54 W.
ZEPHYRHILLS FL 33543-6059

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	D	<input type="checkbox"/> Delete
NAME	KLEIN, MARC	
STREET ADDRESS	% PAYLESS HOMES : 31721 SR 54 W	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543-6059	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, SHELDON	
STREET ADDRESS	15119 CONTOY PLACE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, VIRGINIA	
STREET ADDRESS	15119 CONTOY PLACE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

2/25/02 813 7837567

CR2E037 (9/01)