

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90107 045 \*\*\*\*61.25

**DOCUMENT # N99000004899**



1. Entity Name  
**KLEIN ACRES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**31721 SR 54 W.      31721 SR 54 W.**  
**ZEPHYRHILLS FL 33543-6059      ZEPHYRHILLS FL 33543-6059**

**90014406**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3651869**      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	
<b>KLEIN, MARC</b>		Name	
<b>31721 SR 54 W.</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>ZEPHYRHILLS FL 33543-6059</b>		City	
		<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, MARC</b>	NAME	
STREET ADDRESS	<b>% PAYLESS HOMES - 31721 SR 54 W</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33543-6059</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, SHELDON</b>	NAME	
STREET ADDRESS	<b>15119 CONTOY PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, VIRGINIA</b>	NAME	
STREET ADDRESS	<b>15119 CONTOY PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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**      1-29-03      (813) 7837567

CR2E037 (10/02)