

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731543

FILED
Apr 29, 2008
Secretary of State

Entity Name: KALMIA CONDOMINIUM NO. 7, INC.

Current Principal Place of Business:

7300 PARK ST
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2180507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARDT, DEBBIE
7300 PARK ST
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRUSKOWSKI, CAROL
Address: 1524 LAKEVIEW RD #401G
City-St-Zip: CLEARWATER, FL 33756

Title: DVP () Delete
Name: BERGEN, GRACE
Address: 1524 LAKEVIEW RD #105G
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: BOSWELL, DOROTHY
Address: 1524 LAKEVIEW RD #105G
City-St-Zip: CLEARWATER, FL 33756

Title: DS () Delete
Name: SCANLON, MAE
Address: 1235 S HIGHLAND AVE #202G
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEONE, PETER
Address: 1524 LAKEVIEW RD #406G
City-St-Zip: CLEARWATER, FL 33756

Title: DVP (X) Change () Addition
Name: SVENSON, CHARLENE
Address: 1524 LAKEVIEW RD #304G
City-St-Zip: CLEARWATER, FL 33756

Title: DT (X) Change () Addition
Name: WILDS, CONSTANCE
Address: 1524 LAKEVIEW RD #405G
City-St-Zip: CLEARWATER, FL 33756

Title: DS (X) Change () Addition
Name: PEPOUW, WAYNE
Address: 1524 LAKEVIEW RD #302G
City-St-Zip: CLEARWATER, FL 33756

Title: D () Change (X) Addition
Name: LEONE, TONY
Address: 1524 LAKEVIEW RD #206G
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LEONE

DP

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date