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

FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90093 025 ****61.25

ORIFORM	DOSINESS	VIII	1
DOCUMENT #	731543		

1. Entity Name

NAME

STREET ADDRESS

KALMIA CONDOMINIUM NO. 7, INC.

		•	OD WE T					
Principal Plac	e of Business	Mailing Address	,					
103 CLEVELAN		103 CLEVELAND AVE SW			•	204	3008	71176
LARGO FL 337	770	LARGO FL 33770		VΕ	NDOR #:	0 000	- h	
US		US		AP	PROVED:		alak alah alak alah	ËNDIL DIDIK 18 0 1
2 Principal F	Place of Business	3. Mailing Address						
2. Fillicipair		7360 PAG	RK ST.	.		B f 11901 01111 61000 1111	Blutt Bebil Bibli Blutt	
Suite, Apt.	······································	Suite, Apt. #, etc.	,,,,		Norce	HECK HERE IF N	VAKING CHANGE	:9
						SHEOR HERE IF I	MARING CHANGE	.5
Çity & Stat		City & State			4. FEI Number 59	F2180507		Applied For
SEM	1000E, YL	SEMINOL	E, F	<u></u>				Not Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	etus Desired	┌ \$8.75 A	
<u>33</u>	777 USA	33777	<u> YSA</u>				Fee Requi	red
·	6. Name and Address of Current	Registered Agent	Nioma		7. Name and Add	ress of New Regis	stered Agent	
	· · · · · · · · · · · · · · · · · · ·		Name					
	DT, DEBBIE	_	Street Add	dress (F	P.O. Box Number is N	ot Acceptable)		
	OURCE PROPERTY MANAGEMEN	1						
	VELAND AVE SW		731	00	TARK	5+		
HARGO F	L 33 //0		City	<i>-</i>			FL 갤얼	ode, —
O The above	named entity submits this statement for	with a newscap of changing its regi	otorod office or r	5 W	INOLZ	the State of Florida		
	tions of registered agent.	r the purpose of changing its regi	stered office of te	egistere	ed agent, or both, and	Tie State of Florida	. Tan tanına wit	ir, and accept
		().	1					
SIGNATURE	ى ئىلىغارىي ئ	e The	var					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signature	required	when reinstating)		DATE	
	1							
<i>?</i>	FU E NOW FEE 10 404 05	9. Election Campai	gn Financing		\$5.00 May Be	Make	Check Payabl	e to
ļ	FILE NOW: FEE IS \$61.25	Trust Fund Contr	ibution.		Added to Fees		Department of	
	<u>.</u>							
10.	OFFICERS AND DI	RECTORS	11.	P	ADDITIONS/CHANGE	S TO OFFICERS /	AND DIRECTORS	
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME	TRUSKOWSKI, CAROL		NAME					
STREET ADDRESS	1524 LAKEVIEW RD #401G		STREET ADDRESS					1
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE				☐ Change	e ☐ Addition
NAME	CLEMENTS, GRACE	•	NAME					
STREET ADDRESS	1524 LAKEVIEW RD #204G		STREET ADDRESS					1
CITY-ST-ZIP	CLEARWATER FL 33756	TO TO THE PERSON STORES OF THE	_CITY_ST-ZIP		national services and an article and article article and article and article article and article article article and article arti	*:-** * ===		
TITLE	POSWELL BODOTHY	☐ Delete	TITLE				☐ Change	e
NAME	BOSWELL, DOROTHY		NAME					
STREET ADDRESS CITY-ST-ZIP	1524 LAKEVIEW RD #105G CLEARWATER FL 33756		STREET ADDRESS CITY-ST-ZIP					
	SD SD	—		6 –	0001	225	Change	Addition
TITLE		Delete	LILLE D	DE	RGEN, G	KHCE	La Grange	`
MARKE	I WERRER JOANNE	<i>'</i> `	NAME		•	-		
NAME STREET ADDRESS	WEBBER, JOANNE		NAME STREET ADDRESS	123	5 5. Hu	GHLAND	AV # 10	5
STREET ADDRESS	1524 LAKEVIEW RD #205G		SINCEL KODNESS		5 5. Hu			5
STREET ADDRESS CITY-ST-ZIP	1524 LAKEVIEW RD #205G CLEARWATER FL 33756		CITY-ST-ZIP		BS S. HU ARWATER,		756 	
STREET ADDRESS CITY-ST-ZIP TITLE	1524 LAKEVIEW RD #205G CLEARWATER FL 33756 D	☐ Delete	CITY-ST-ZIP		5 5. Hu			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1524 LAKEVIEW RD #205G CLEARWATER FL 33756 D SCANLON, MAE		CITY-ST-ZIP		5 5. Hu		756 	
STREET ADDRESS CITY-ST-ZIP TITLE	1524 LAKEVIEW RD #205G CLEARWATER FL 33756 D SCANLON, MAE 1524 LAKEVIEW RD #202G		CITY-ST-ZIP TITLE NAME		5 5. Hu		756 	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1524 LAKEVIEW RD #205G CLEARWATER FL 33756 D SCANLON, MAE		CITY-ST-ZIP TITLE NAME STREET ADDRESS		5 5. Hu		756 	e

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: CASHETMUSICATERARION STRUSKOWSKI PRES. 2-21-03 (727) 581-2662