

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

DOCUMENT # 731543

1. Entity Name

KALMIA CONDOMINIUM NO. 7, INC.



Principal Place of Business

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

Mailing Address

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

VENDOR #:
APPROVED:

1204

29m

38087076



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

7300 PARK ST.

3. Mailing Address

7300 PARK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number **59-2180507**

Applied For
Not Applicable

Zip

33777

Country

USA

Zip

33777

Country

USA

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)

7300 PARK ST

City

SEMINOLE

FL

Zip Code

33777

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:

Debbie Reinhardt

* 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRUSKOWSKI, CAROL	
STREET ADDRESS	1524 LAKEVIEW RD #401G	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLEMENTS, GRACE	
STREET ADDRESS	1524 LAKEVIEW RD #204G	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOSWELL, DOROTHY	
STREET ADDRESS	1524 LAKEVIEW RD #105G	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEBBER, JOANNE	
STREET ADDRESS	1524 LAKEVIEW RD #205G	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCANLON, MAE	
STREET ADDRESS	1524 LAKEVIEW RD #202G	
CITY-ST-ZIP	CLEARWATER FL 33756	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGEN, GRACE	
STREET ADDRESS	1235 S. HIGHLAND AV #105	
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"/> 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 all other like empowered.

SIGNATURE: *CAROL TRUSKOWSKI* RECAPITULATED TRUSKOWSKI Pres. 2-21-03 (727) 581-2662

CR2E037 (10/02)