

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714843

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: KALMIA CONDOMINIUM NO. 1, 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: 59-2188753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REINHARDT, DEBBIE  
73 PARK ST.  
SEMINOLE, FL 33777 US

## Name and Address of New Registered Agent:

REINHARDT, DEBBIE  
7300 PARK ST.  
SEMINOLE, FL 33777 US

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:

03/30/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POWELL, DOUG  
Address: 1235 S HIGHLAND AVE #302  
City-St-Zip: CLEARWATER, FL 33756

Title: PD ( ) Delete  
Name: ANDERSON, RICHARD  
Address: 1235 S. HIGHLAND AVE. #101  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: MAEGAARD, JUDY  
Address: 1235 S. HIGHLAND AVE. #206  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: MAEGAARD, TOM  
Address: 1235 S HIGHLAND AVE #206  
City-St-Zip: CLEARWATER, FL 33756

Title: STD (X) Delete  
Name: PEARCE, MARY  
Address: 1235 S. HIGHLAND AVE #305A  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: MAEGAARD, TOM  
Address: 1235 S. HIGHLAND AVE. #206  
City-St-Zip: CLEARWATER, FL 33756

Title: DST (X) Change ( ) Addition  
Name: MAEGAARD, JUDY  
Address: 1235 S. HIGHLAND AVE. #206  
City-St-Zip: CLEARWATER, FL 33756

Title: DVP (X) Change ( ) Addition  
Name: PAGE, LORNE  
Address: 1235 S. HIGHLAND AVE # 305  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM MAEGAARD

DP

03/30/2006

Electronic Signature of Signing Officer or Director

Date