2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 714843

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
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: D ( ) Delete
Name: PAGE, BRIAN
Address: 1235 S HIGHLAND AVE #107
City-St-Zip: CLEARWATER, FL 33756

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

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

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

Title: TD ( ) Delete
Name: PAGE, BRIAN
Address: 1235 S. HIGHLAND AVE. #107
City-St-Zip: CLEARWATER, FL 33756 US

Title: D (X) Delete
Name: GALOVIC, YONY
Address: 1235 S. HIGHLAND AVE. #103
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: LORNE PAGE P 04/06/2009

Electronic Signature of Signing Officer or Director — Date