

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90003 027 ****61.25

DOCUMENT # 716936 1. Entity Name KALMIA CONDOMINIUM NO. 3, INC.					
Principal Place of Business 7300 PARK ST. SEMINOLE, FL 33777 US				Mailing Address 103 CLEVELAND AVE SW SUITE 207 LARGO, FL 33770 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7300 PARK ST Suite, Apt. #, etc.		50053824 	
City & State SEMINOLE, FL		City & State SEMINOLE, FL		4. FEI Number 59-2180506	
Zip 33777		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHARDT, DEBBIE 7300 PARK ST. SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	SD HOMES, DOROTHEA 1235 S HIGHLAND AVE #106C CLEARWATER, FL 33756	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAGANEY, VICTOR F. 1235 S HIGHLAND AVENUE, #201C CLEARWATER, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIESNER, BOB 1235 S HIGHLAND AVE., #301C CLEARWATER, FL 33756	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, JANE 1235 S HIGHLAND AVE #101C CLEARWATER, FL 33756	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, ANNE 1235 S HIGHLAND AVE #204C CLEARWATER, FL 33756	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <u>X Victor F. Caganey</u> VICTOR F. CAGANEY <u>6-15-05</u> <u>(727) 796-5900</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					