


1-31-97 B-1164 -C

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **719180** (2)
1. Corporation Name
KALMIA CONDOMINIUM NO. 5, INC.



Principal Place of Business 2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 34621 US	Mailing Address 2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 34621-3345 US
--	---

3. Date Incorporated or Qualified 08/21/1970	3a. Date of Last Report 01/29/1996
4. FEI Number 59-1673186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

9. Name and Address of Current Registered Agent
REARDON, MAUREEN C
2753 STATE ROAD 580
SUITE 207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JABERG, KATHERINE	
STREET ADDRESS	1235 S HIGHLAND #710F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BATES, HOMER	
STREET ADDRESS	1235 S. HIGHLAND #506F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPPE, IRVIN	
STREET ADDRESS	1235 S HIGHLAND #101F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAPRADE, VICTOR	
STREET ADDRESS	1235 S HIGHLAND #706F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLCARI, JOSEPH	
STREET ADDRESS	1235 S. HIGHLAND AVE. #502F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NOHREN, EDYTH
4.3 STREET ADDRESS	1235 S. HIGHLAND AVE #301F
4.4 CITY-ST-ZIP	CLEARWATER FL 34616
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irvin Hoppe **IRVIN HOPPE** 1-15-97 442-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087404

CR2E037 (9/96)