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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 08/21/1970	4. FEI Number 59-1673186	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 33761 25 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 33761 30 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 State FL
82 Street Address (P.O. Box Number is Not Acceptable)	86 Zip Code 33761
83	
84 City	

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 _____ (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 #508F	
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 #708F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" 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	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIMMONS, DON
4.3 STREET ADDRESS	1235 S. HIGHLAND AVE #708F
4.4 CITY-ST-ZIP	CLEARWATER FL 34616
5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEVRIES, RAY
5.3 STREET ADDRESS	1235 S. HIGHLAND AVE #606F
5.4 CITY-ST-ZIP	CLEARWATER FL 34616
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 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 C. Hoppe 2-5-98 813 442 9647
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00631115

CR2E037 (10/97)