

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90102 001 ****61.25

DOCUMENT # 719180

1. Entity Name

KALMIA CONDOMINIUM NO. 5, INC.

Principal Place of Business

Mailing Address

**2753 STATE ROAD 580
 SUITE 207
 CLEARWATER FL 33761
 US**

**2753 STATE ROAD 580
 SUITE 207
 CLEARWATER FL 33761-3345
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REARDON, MAUREEN C
 2753 STATE ROAD 580
 SUITE 207
 CLEARWATER FL 34621**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33761

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **SD**
 STREET ADDRESS **JABERG, KATHERINE**
 CITY-ST-ZIP **1235 S HIGHLAND #710F**
CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
 STREET ADDRESS **BATES, HOMER**
 CITY-ST-ZIP **1235 S. HIGHLAND #506F**
CLEARWATER FL

TITLE Change Addition
 NAME **V/D**
 STREET ADDRESS **HOPPE, IRVIN**
 CITY-ST-ZIP **1235 S. HIGHLAND AVE #101F**
CLEARWATER FL 33756

TITLE Delete
 NAME **D**
 STREET ADDRESS **PRANGE, PETER**
 CITY-ST-ZIP **1235 S. HIGHLAND AVE/#607F**
CLEARWATER FL 33756

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **MONETTE, GERALD**
 CITY-ST-ZIP **1235 S. HIGHLAND AVE #707F**
CLEARWATER FL 33756

TITLE Delete
 NAME **VD**
 STREET ADDRESS **SIMMONS, DON**
 CITY-ST-ZIP **1235 S HIGHLAND AVE #708F**
CLEARWATER FL 34616

TITLE Change Addition
 NAME **T/D**
 STREET ADDRESS
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE Delete
 NAME **PD**
 STREET ADDRESS **DEVRIES, RAY**
 CITY-ST-ZIP **1235 S HIGHLAND AVE #606F**
CLEARWATER FL 34616

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Raymond Devries* DATE: *1/13/00* DAYTIME PHONE #: *444-4404*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)