


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90001 030 \*\*\*\*61.25

<b>DOCUMENT # 719180</b>					
1. Entity Name KALMIA CONDOMINIUM NO. 5, INC.					
Principal Place of Business 7300 PARK ST SEMINOLE, FL 33777 US			Mailing Address 7300 PARK ST SEMINOLE, FL 33777 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1673186	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABERG, KATHERINE			NAME	
STREET ADDRESS	1235 S HIGHLAND #710F			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOT, JAMES			NAME	
STREET ADDRESS	1235 S HIGHLAND AVE #406			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEVES, FRED			NAME	
STREET ADDRESS	1235 S HIGHLAND AV #202 F			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, RAY			NAME	
STREET ADDRESS	1235 S HIGHLAND AVE #606F			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUZYOLD, KEN			NAME	
STREET ADDRESS	1295 S HIGHLAND AVE #504			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Raymond Devries Jr</i>				Date: 2/6/04	Daytime Phone #: 727-444-4404
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54017821



01272004 Chg-NP CR2E037 (10/03)