

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90092 013 ****61.25

DOCUMENT # 719180

1. Entity Name
KALMIA CONDOMINIUM NO. 5, INC.



PROFESSIONAL
ACCOUNT

Principal Place of Business

**103 CLEVELAND AVE SW
LARGO FL 33770
US**

Mailing Address

**103 CLEVELAND AVE SW
SUITE 207
LARGO FL 33770
US**

VENDOR

APPROVED: C. Am



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**7300 PARK ST
Suite, Apt. #, etc.**

3. Mailing Address

**7300 PARK ST
Suite, Apt. #, etc.**

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number **59-1673186**

Applied For
 Not Applicable

Zip

33777

Country

USA

Zip

33777

Country

USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REINHARDT, DEBBIE
C/O RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE SW
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7300 PARK ST
City **SEMINOLE** FL Zip Code **33777**

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

Debbie Reinhardt

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	JABERG, KATHERINE	
STREET ADDRESS	1235 S HIGHLAND #710F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOPPE, IRVIN	
STREET ADDRESS	1235 S HIGHLAND AVE #101F	
CITY-ST-ZIP	CLEARWATER-FL-33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEEVES, FRED	
STREET ADDRESS	1235 S HIGHLAND AV #202 F	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVRIES, RAY	
STREET ADDRESS	1235 S HIGHLAND AVE #606F	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOREY, ALICE	
STREET ADDRESS	1235 S HIGHLAND AV #109	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIDT, JAMES	
STREET ADDRESS	1235 S. HIGHLAND AV # 406	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUZYDLO, KEN	
STREET ADDRESS	1235 S. HIGHLAND AV #504	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE:

Ray Devries

2/19/03 (727) 581-2662

CR2E037 (10/02)