

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735726

FILED
Feb 14, 2005
Secretary of State

Entity Name: KLARE ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6110 KLARE DRIVE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

6110 KLARE DRIVE
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3588004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINKELLNER, ANN
6110 KLARE DRIVE
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEINKELLNER, ANN
Address: 6110 KLARE DRIVE
City-St-Zip: KEYSTONE HGTS, FL 32656

Title: VD () Delete
Name: KERR, THOMAS
Address: 6007 KLARE DRIVE
City-St-Zip: KEYSTONE HGTS, FL 32656

Title: TD () Delete
Name: HICKS, BARBARA
Address: 5095 KLARE DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VD () Delete
Name: MAXWELL, MARK
Address: 3055 KLARE DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD () Delete
Name: SLOTKIN, ELIZABETH
Address: 6146 KLARE DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FINCH, GARY
Address: 5059 KLARE DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN F. STEINKELLNER

PD

02/14/2005

Electronic Signature of Signing Officer or Director

Date