2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# 735726

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 F
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:	STATTON, TASHA	
Address:	5099 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:	VD	(X) Change ( ) Addition
Name:	MAXWELL, MARK	
Address:	5055 KLARE DRIVE	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	SD	(X) Change ( ) Addition
Name:	MURRAY, LISA	
Address:	6000 KLARE DRIVE	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/24/2008

Electronic Signature of Signing Officer or Director — Date