2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90099 011 ****61.25

DOCUMENT # N00000002552

1. Entity Name

KLUSMAN PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~525 WORTHINGTON DR.~~ ~~WINTER PARK FL 32789~~	~~525 WORTHINGTON DR.~~ ~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5321 CYPRESS RESERVE PL.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5321 CYPRESS RESERVE PL.
City & State W.P. FLA.	City & State W.P. FLA.
Zip 32792 Country USA	Zip 32792 Country USA

4. FEI Number ☒ 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
KLUSMAN, ROBERT L ~~525 WORTHINGTON DR.~~ 5321 CYPRESS RESERVE PL ~~WINTER PARK FL 32789~~ W.P. FLA. 32792	Name KLUSMAN, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 5321 CYPRESS RESERVE PL. City WINTER PARK FL Zip Code 32792

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 Robert L. Klusman 4/9/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUSMAN, ROBERT L 525 WORTHINGTON DR. WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P KLUSMAN, ROBERT L. 5321 CYPRESS RESERVE PL. WINTER PARK FLA. 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUSMAN, THOMAS S 1850 MOHICAN TRAIL MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUSMAN, THOMAS S. 2117 CHIPPEWA TR. MAITLAND FLA. 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUSMAN, MARY E 540 WOODFIRE WAY CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: ~~ROBERT L KLUSMAN~~ 4/9/01 (407) 475-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #