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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29434** (0)

1. Corporation Name

KLOSTERMAN OAKS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOHN DEARDORFF 4772 KLOSTERMAN OAKS BLVD. PALM HARBOR FL 34683-1211 US	C/O JOHN DEARDORFF 4772 KLOSTERMAN OAKS DR PALM HARBOR FL 34683-1211 US

3. Date Incorporated or Qualified: 11/28/1988

4. FEI Number: 59-2939700 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEARDORFF, JOHN 4772 KLOSTERMAN OAKS BLVD. PALM HARBOR FL 34683	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jana C Deardorff 1/8/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEARDORFF, JOHN		1.2 NAME		
STREET ADDRESS	4772 KLOSTERMAN OAKS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 11		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERNIER, HOWARD		2.2 NAME		
STREET ADDRESS	4828 KLOSTERMAN OAKS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAY, LOIS		3.2 NAME		
STREET ADDRESS	4884 KLOSTERMAN OAKS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 11		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DELLUTRI, JOE		4.2 NAME		
STREET ADDRESS	4970 KLOSTERMAN OAKS COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683-1211		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jana C Deardorff SIGNATURE REQUIRED 1/8/98 813-937-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #