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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29434

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

2. Principal Place of Business
21 4828 KLOSTERMAN OAKS BLVD.
Suite, Apt. #, etc. 22
City & State 23 PALM HARBOR FL
Zip 24 34683-1211 Country 25 US

2a. Mailing Address
26 4828 KLOSTERMAN OAKS BLVD.
Suite, Apt. #, etc. 27
City & State 28 PALM HARBOR FL
Zip 29 34683-1211 Country 30 US

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

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

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

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

9. Name and Address of Current Registered Agent

DEARDORFF, JOHN
4772 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: HOWARD BERNIER
82 Street Address (P.O. Box Number is Not Acceptable): 4828 KLOSTERMAN OAKS BLVD.
83
84 City: PALM HARBOR FL 85 Zip Code: 34683-1211

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: [signature] HOWARD BERNIER, PRES. 3-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DEARDORFF, JOHN		1.2 NAME	DOLORES PRICE	
STREET ADDRESS	4772 KLOSTERMAN OAKS BLVD		1.3 STREET ADDRESS	4994 KLOSTERMAN OAKS CT.	
CITY-ST-ZIP	PALM HARBOR FL 11		1.4 CITY-ST-ZIP	PALM HARBOR FL 34683-1211	
TITLE	D	☐ DELETE	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	BERNIER, HOWARD		2.2 NAME	CHARLES R. HAHN	
STREET ADDRESS	4828 KLOSTERMAN OAKS BLVD.		2.3 STREET ADDRESS	4922 KLOSTERMAN OAKS CT	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR FL 34683-1211	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KAY, LOIS		3.2 NAME	JOHN DEARDORFF	
STREET ADDRESS	4884 KLOSTERMAN OAKS BLVD		3.3 STREET ADDRESS	4772 KLOSTERMAN OAKS BLVD	
CITY-ST-ZIP	PALM HARBOR FL 11		3.4 CITY-ST-ZIP	PALM HARBOR FL 34683-1211	
TITLE	D	☒ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	DELLUTRI, JOE		4.2 NAME	HOWARD BERNIER	
STREET ADDRESS	4970 KLOSTERMAN OAKS COURT		4.3 STREET ADDRESS	4828 KLOSTERMAN OAKS BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34683-1211		4.4 CITY-ST-ZIP	PALM HARBOR FL 34683-1211	
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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED HOWARD BERNIER 3-1-99 727-937-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #