

FILED
Aug 07, 2002 8:00 am
Secretary of State

05-28-2002 91639 013 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29434

1. Entity Name

KLOSTERMAN OAKS VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

670 JOHN DEARDORFF
4772 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683-1211
US

4930 KLOSTERMAN OAKS BLVD
PALM HARBOR FL 34683
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4931 Klosterman Oaks

Palm Harbor

Zip

Country

34683 Florida

6. Name and Address of Current Registered Agent

WALTERS, AL

4920 KLOSTERMAN OAKS BLVD

PALM HARBOR FL 34683

4931 Klosterman Oaks Blvd

Palm Harbor, FL 34683

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

JEAN M. BISCHOFF, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

04-01-02

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

ROBINSON, ARIANE I

4920 KLOSTERMAN OAKS BLVD

PALM HARBOR FL 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

DELLUTRI, JOE

4970 KLOSTERMAN OAKS COURT

PALM HARBOR FL 34683-1211

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MURRAY, SCOTT

4988 KLOSTERMAN OAKS BLVD

PALM HARBOR FL 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

JEAN M. BISCHOFF

4931 Klosterman Oaks Blvd

Palm Harbor, FL 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Sec & Treas.

LOU ANN LOWER

4896 Klosterman Oaks

Palm Harbor, FL 34683

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

JEAN M. BISCHOFF, President

Signature and typed or printed name of signing officer or director

DATE

04-01-02

Daytime Phone