

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90100 046 ****61.25

DOCUMENT # N29434 1. Entity Name KLOSTERMAN OAKS VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O HOWARD BERNIER 4828 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683 US		Mailing Address C/O HOWARD BERNIER 4828 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683 US	
2. Principal Place of Business C/O AL WALTERS Suite, Apt. #, etc. 4919 KLOSTERMAN OAKS BL		3. Mailing Address C/O AL WALTERS Suite, Apt. #, etc. 4919 KLOSTERMAN OAKS BL	
City & State PALM HARBOR FL		City & State PALM HARBOR FL	
Zip 34683		Zip FL 34683	
Country Pinellas		Country Pinellas	
4. FEI Number 59-2939700		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNIER, HOWARD 4828 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name AL WALTERS Street Address (P.O. Box Number is Not Acceptable) 4919 KLOSTERMAN OAKS BL City PALM HARBOR FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE AL WALTERS Pres. DATE 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNIER, HOWARD 4828 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres AL WALTERS 4919 KLOSTERMAN OAKS BL PALM HARBOR FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORRY, JUNE 4840 KLOSTERMAN OAKS COURT PALM HARBOR FL 34683-1211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JOHN WHITLOCK 4932 KLOSTERMAN OAKS BL PALM HARBOR FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBINSON, ARLENE 4920 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF NICHOLS TRAS. 4908 KLOSTERMAN OAKS BL PALM HARBOR FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: AL WALTERS Pres		Date 4/11/05 727 9382070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	