


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 008 ****61.25

DOCUMENT # N29434					
1. Entity Name KLOSTERMAN OAKS VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O AL WALTERS 4919 KLOSTERMAN OAKS BLVD PALM HARBOR, FL 34683 US			Mailing Address C/O AL WALTERS 4919 KLOSTERMAN OAKS BLVD PALM HARBOR, FL 34683 US		
2. Principal Place of Business - No P.O. Box # 40347 US 19 N., Suite # 201		3. Mailing Address Suite, Apt. #, etc. Tarpon Springs FL 34689			
City & State Tarpon Springs FL 34689		City & State Tarpon Springs FL 34689		4. FEI Number 59-2939700	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTERS, AL 4919 KLOSTERMAN OAKS BLVD PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name: Irene KARAGIANIS I+J Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 40347 U.S. 19 N., Suite 201 Tarpon Springs FL 34689 City: Tarpon Springs FL 34689 Zip Code: FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME WALTERS, AL STREET ADDRESS 4919 KLOSTERMAN OAKS BLVD CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete				
TITLE DT NAME HUEY, NICHOLAS STREET ADDRESS 4896 KLOSTERMAN OAKS BLVD CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete				
TITLE V NAME MITCHELL, GARY STREET ADDRESS 4896 KLOSTERMAN OAKS BLVD CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE PRES NAME HABER, DAVID STREET ADDRESS 4772 KLOSTERMAN OAKS BLVD. CITY-ST-ZIP PALM HARBOR FL. 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE Secy/Treas NAME Robinson, Arlene STREET ADDRESS 4920 KLOSTERMAN OAKS BLVD. CITY-ST-ZIP PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE V.P. NAME PROFFETA, Tony STREET ADDRESS 4908 KLOSTERMAN OAKS BLVD. CITY-ST-ZIP PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 7/20/08 Daytime Phone #: 127-942 9862					