

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29434

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** KLOSTERMAN OAKS VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

40347 US 19N  
SUITE 201  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

40347 US 19N  
SUITE 201  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 59-2939700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

I & J PROPERTY MANAGEMENT, INC.  
ATTN: IRENE KARAGIANIS  
40347 U.S. 19 N., SUITE 201  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HABER, DAVID  
Address: 4771 KLOSTERMAN OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

Title: ST ( ) Delete  
Name: ROBINSON, ARLENE  
Address: 4920 KLOSTERMAN OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP ( ) Delete  
Name: PROFFETA, TONY  
Address: 4908 KLOSTERMAN OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SPARKS, TRACY  
Address: 4735 KLOSTERMAN OAKS BLVD  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HABER

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date