


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90045 028 ****61.25

DOCUMENT # N47674					
1. Entity Name KALINA REPLAT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1825 CARLTON DR. KHRA ORLANDO, FL 32806			Mailing Address 1825 CARLTON DR. KHRA ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARLICK, THOMAS H. 14 EAST WASHINGTON STREET SUITE 500 ORLANDO, FL 32801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 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
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERLE, MICHALL			NAME	WILLIAM PURDY
STREET ADDRESS	1835 CARLTON DR			STREET ADDRESS	1801 CARLTON DR.
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, BARBARA			NAME	
STREET ADDRESS	1825 CARLTON DR.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARLICK, THOMAS			NAME	
STREET ADDRESS	2912 LAKE SHORE DR.			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, JANICE			NAME	
STREET ADDRESS	1831 CARLTON DR			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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)(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: <i>Barbara Nicholas</i>		BARBARA NICHOLAS		2/9/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50013917



02092005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3156200 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Make check payable to Florida Department of State

WILLIAM PURDY
 1801 CARLTON DR.
 ORLANDO, FL 32806

SIGNATURE: *Barbara Nicholas* BARBARA NICHOLAS 2/9/05 407-894-9712