



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3156200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARLICK, THOMAS H.
 14 EAST WASHINGTON STREET
 SUITE 500
 ORLANDO, FL 32801

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURDY, WILLIAM 1801 CARLTON DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NICHOLS, BARBARA 1825 CARLTON DR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARLICK, THOMAS 2912 LAKE SHORE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, JANICE 1831 CARLTON DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/21/08-80026-003 61.25

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: Barbara Nicholas BARBARA NICHOLS ^{2/4/08} 407-894-9718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #