

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47674

FILED
Apr 28, 2009
Secretary of State

Entity Name: KALINA REPLAT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1825 CARLTON DR.
KHRA
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1825 CARLTON DR.
KHRA
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3156200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: THOMAS WARLICK

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PURDY, WILLIAM
Address: 1801 CARLTON DR
City-St-Zip: ORLANDO, FL 32806

Title: DST () Delete
Name: NICHOLS, BARBARA
Address: 1825 CARLTON DR.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: WARLICK, THOMAS
Address: 2912 LAKE SHORE DR.
City-St-Zip: ORLANDO, FL

Title: VD (X) Delete
Name: GIBSON, JANICE
Address: 1831 CARLTON DR
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIBSON, JANICE
Address: 1831 CARLTON DR
City-St-Zip: ORLANDO, FL 32806

Title: DST (X) Change () Addition
Name: NICHOLAS, BARBARA
Address: 1825 CARLTON DR.
City-St-Zip: ORLANDO, FL 32806

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

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

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: BARBARA NICHOLAS

DST

04/28/2009

Electronic Signature of Signing Officer or Director

Date