2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90107 045 ****61.25

90014406

DOCUMENT # N99000004899

1. Entity Name
KLEIN ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
31721 SR 54 W.
ZEPHYRHILLS FL 33543-6059

Mailing Address
31721 SR 54 W.
ZEPHYRHILLS FL 33543-6059

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3651869 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
KLEIN, MARC
31721 SR 54 W.
ZEPHYRHILLS FL 33543-6059

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	KLEIN, MARC	
STREET ADDRESS	% PAYLESS HOMES - 31721 SR 54 W	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543-6059	
TITLE	D	☐ Delete
NAME	KLEIN, SHELDON	
STREET ADDRESS	15119 CONTOY PLACE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	☐ Delete
NAME	KLEIN, VIRGINIA	
STREET ADDRESS	15119 CONTOY PLACE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: SIGNATURE REQUIRED 1-28-03 (813) 783 7567