FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # **742101** **(9)**

1. Corporation Name

KAHLUA OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4950 ESTERO BOULEVARD FT MYERS BCH FL 33931	4950 ESTERO BOULEVARD FT MYERS BCH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1978	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1972324	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BOLDAK, JACKIE
4950 ESTERO BLVD.
FT. MYERS FL 33931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	D ☐ Change ☒ Addition
NAME	NICCUM, RIC	12 NAME	NEUMANN, NEILL
STREET ADDRESS	819 VIA DEL SOL	13 STREET ADDRESS	824 Via Del Sol
CITY-ST-ZIP	N. FT. MYERS FL	14 CITY-ST-ZIP	N. Ft. Myers, Fl. 33902
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ROBERT	22 NAME	
STREET ADDRESS	12 EASTMORELAND PL	23 STREET ADDRESS	
CITY-ST-ZIP	DECATUR IL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WEAVER, GEORGE	32 NAME	
STREET ADDRESS	4347 S PACIFIC CIR	33 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ENDERBY, DONALD	42 NAME	
STREET ADDRESS	5272 PENDALE CT	43 STREET ADDRESS	
CITY-ST-ZIP	NO. TONAWANDA NY	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, JAY	52 NAME	
STREET ADDRESS	819 VIA DEL SOL	53 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PFAFFENBERGER, HELEN	62 NAME	
STREET ADDRESS	2293 BREMEN CT	63 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 27 Jul 95 (813) 751-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JAY WHITNEY, PRESIDENT