2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90022 040 ****61.25

DOCUMENT # 742101

1. Entity Name
KAHLUA OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
KAHLUA BEACH CLUB FT MYERS BCH, FL 33931	4950 ESTERO BOULEVARD FT MYERS BCH, FL 33931

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1972324 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIMINSKI, DEBORAH L 4950 ESTERO BLVD. FT. MYERS, FL 33931	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ENDERBY, DONALD 65 SOUTH VERNON ST MIDDLEPORT, NY 14105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EUGENE JASTER 1037 MILLER LANE LAKE SHORE, MN 56468 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOLDAK, DAVID 27274 JOLLY RODGER LANE BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JASTER, EUGENE 1037 MILLER LANE LAKE SHORE, MN 56468	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SANDRA GILBERT 1116 THOMPSON ST. KEY WEST, FL. 33040 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAY, TOM 627 SOUTH GRANT ST. CLINTON, IL 61727	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, GEORGE 4347 S PACIFIC CIR FORT MYERS, FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIAN FRIEDMAN 6103 GULF OF MEXICO BLVD MARATHON, FL. 33050 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JAMES 6670 CRESTRIDGE LOOP #1616 FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN BLAZEK BOX 324 ST CHARLES, MO 63302 ☐ Change ☒ Addition

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: Deborah L Ciminski 1/5/05 239-463-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #