FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **03/29/1978**

3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	NICCUM, RIC		1.2 NAME	NEILL NEUMANN	
STREET ADDRESS	819 VIA DEL SOL		1.3 STREET ADDRESS	824 Via Del Sol	
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST-ZIP	N. Ft. Myers, Fl. 33902	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, ROBERT		2.2 NAME		
STREET ADDRESS	~~12 EASTMORELAND PL~~ 19 Allen Bend Dr.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, GEORGE		3.2 NAME		
STREET ADDRESS	4347 S PACIFIC CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ENDERBY, DONALD		4.2 NAME		
STREET ADDRESS	5272 PENDALE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	NO. TONAWANDA NY		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITNEY, JAY		5.2 NAME		
STREET ADDRESS	819 VIA DEL SOL		5.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PFAFFENBERGER, HELEN		6.2 NAME		
STREET ADDRESS	2293 BREMEN CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Jay Whitney President 2/2/96 (941) 463-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #