

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742101

Entity Name: KAHLUA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

KAHLUA BEACH CLUB
4950 ESTERO BOULEVARD
FT MYERS BCH, FL 33931

Current Mailing Address:

KAHLUA BEACH CLUB
4950 ESTERO BOULEVARD
FT MYERS BCH, FL 33931

FEI Number: 59-1972324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CIMINSKI, DEBORAH LMANAGER
4950 ESTERO BLVD.
FT. MYERS, FL 33931 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name COLEMAN, JEFFREY
Address 2649 PORTAGE AVE
WINNIPEG
City-State-Zip: MANITOBA CANADA, R3J0P9

Title DIRECTOR
Name WILSON, RODNEY
Address 11295 BIRKBECK RD
City-State-Zip: CLINTON IL 61727

Title T
Name BURGGRAFF, WAYNE
Address 9933 DAKOTA ROAD SOUTH
City-State-Zip: BLOOMINGTON MN 55438

Title PRESIDENT
Name ALLEN, NATHAN
Address 4324 MASON LANE NE
City-State-Zip: ST. MICHAEL MN 55376

Title DIRECTOR
Name FRIEDMAN, BRIAN
Address 2737 NE 11TH STREET
City-State-Zip: POMPANO BEACH FL 33062

Title OFFICER
Name GILBERT, SANDRA
Address 16073 THORNWOOD DRIVE
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY
Name BOWLER, VICTORIA
Address 3808 48TH AVE SOUTH
City-State-Zip: MINNEAPOLIS MN 55406

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA BOWLER

SECRETARY

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date