

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742101

Entity Name: KAHLUA OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4950 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931**Current Mailing Address:**4950 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931 US**FEI Number:** 59-1972324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIMINSKI, DEBORAH L
4950 ESTERO BOULEVARD
FORT MYERS BEACH, 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:** DEBORAH L CIMINSKI

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	COLEMAN, JEFFREY
Address	2649 PORTAGE AVE
City-State-Zip:	WINNIPEG MB R3J 0P9
Title	TREASURER
Name	BURGGRAAFF, WAYNE
Address	9933 DAKOTA ROAD SOUTH
City-State-Zip:	BLOOMINGTON MN 55438
Title	DIRECTOR
Name	FRIEDMAN, BRIAN
Address	2737 NE 11TH STREET
City-State-Zip:	POMPANO BEACH FL 33062
Title	SECRETARY
Name	BOWLER, VICTORIA
Address	740 MISSISSIPPI RIVER BLVD APT 11F
City-State-Zip:	ST. PAUL MN 55116

Title	DIRECTOR
Name	WILSON, RODNEY
Address	11295 BIRKBECK RD
City-State-Zip:	CLINTON IL 61727
Title	PRESIDENT
Name	ALLEN, NATHAN
Address	10101 BREN RD E SUITE 500
City-State-Zip:	MINNETONKA MN 55343
Title	DIRECTOR
Name	GILBERT, SANDRA
Address	16073 THORNWOOD DRIVE
City-State-Zip:	FORT MYERS FL 33908

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: NATHAN ALLEN**PRESIDENT**

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date