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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 742101

1. Corporation Name
KAHLUA OWNERS' ASSOCIATION, INC.
 67 BOX 354 - V

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



| | | |
|--|---|---|
| 2. Principal Place of Business 21 KAHLUA BEACH CLUB Suite, Apt. #, etc. | 2a. Mailing Address 26 4950 ESTERO BLVD. Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 03/29/1978 |
| 22 City & State 23 FT. MYERS BEACH, FL | 27 City & State 28 FT MYERS BEACH, FL | 4. FEI Number 59-1972324 Applied For Not Applicable |
| 24 Zip 33931 | 25 Country LEE | 29 Zip 33931 |
| 30 Country LEE | 5. Certificate of Status Desired <input type="checkbox"/> | 6. Election Campaign Financing <input type="checkbox"/> |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |

9. Name and Address of Current Registered Agent
CIMINSKI, DEBORAH L
 4950 ESTERO BLVD.
 FT. MYERS FL 33931

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: Deborah L Ciminski **MANAGER** DATE: 3-20-99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------------|---|-------------------------------------|
| TITLE: DP | NAME: NEUMANN, NEILL | 1.1 TITLE | DST |
| STREET ADDRESS: 824 VIA DEL SOL | CITY-ST-ZIP: NORTH FT. MYERS FL 33903 | 1.2 NAME | ROSANA HUTCHISON |
| | | 1.3 STREET ADDRESS | 14201 HICKORY MARCH LANE #22 |
| | | 1.4 CITY-ST-ZIP | FT. MYERS, FL. 33912 |
| TITLE: D | NAME: BRAY, TOM | 2.1 TITLE | D |
| STREET ADDRESS: RR#1 | CITY-ST-ZIP: WAPELLA IL 61777 | 2.2 NAME | BLAZEK JOHN |
| | | 2.3 STREET ADDRESS | P.O. BOX 324 |
| | | 2.4 CITY-ST-ZIP | ST CHARLES MO 63302 |
| TITLE: D | NAME: WEAVER, GEORGE | 3.1 TITLE | |
| STREET ADDRESS: 4347 S PACIFIC CIR | CITY-ST-ZIP: N FT MYERS FL 33903 | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE: V | NAME: ENDERBY, DONALD | 4.1 TITLE | |
| STREET ADDRESS: 5272 PENDALE CT | CITY-ST-ZIP: NO. TONAWANDA NY | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE: DST | NAME: BLAZEK, JOHN | 5.1 TITLE | |
| STREET ADDRESS: P.O. BOX 324 N/A | CITY-ST-ZIP: ST. CHARLES MO | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE: D | NAME: GORDON, DAVID | 6.1 TITLE | |
| STREET ADDRESS: 345 GEORGE STREET NORTH UNIT 2 | CITY-ST-ZIP: CAMBRIDGE ON NIS 4 | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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14. 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 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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** DATE: MARCH 22, 1999 (519)624-9875

CR2E037 (11/98)