

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90020 036 ****61.25

DOCUMENT # 742101

1. Entity Name

KAHLUA OWNERS' ASSOCIATION, INC.

Principal Place of Business

**KAHLUA BEACH CLUB
 FT MYERS BCH FL 33931**

Mailing Address

**4950 ESTERO BOULEVARD
 FT MYERS BCH FL 33931**

2. Principal Place of Business

KAHLUA BEACH CLUB

Suite, Apt. #, etc.

3. Mailing Address

4950 ESTERO BLVD

Suite, Apt. #, etc.

City & State

FT MYERS BEACH FL

City & State

FL MYERS BEACH FL

Zip

33931

Country

LEE

Zip

33931

Country

LEE

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

**CIMINSKI, DEBORAH L
 4950 ESTERO BLVD.
 FT. MYERS FL 33931**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
 NAME **HUTCHISON, ROSANA**
 STREET ADDRESS **14186 GROSSE POINT LANE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **ST** ☒ Delete
 NAME **RANKIN, MORGAN**
 STREET ADDRESS **1285 N. BRANDYWINE CIR**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
 NAME **WEAVER, GEORGE**
 STREET ADDRESS **4347 S PACIFIC CIR**
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE **V** ☐ Delete
 NAME **ENDERBY, DONALD**
 STREET ADDRESS **65 SOUTH VERNON STREET**
 CITY-ST-ZIP **MIDDLEPORT NY 14105**

TITLE **D** ☐ Delete
 NAME **JASTER, EUGENE**
 STREET ADDRESS **1037 MILLER LN**
 CITY-ST-ZIP **LAKE SHORE MN 56468**

TITLE **D** ☐ Delete
 NAME **GORDON, DAVID**
 STREET ADDRESS **345 GEORGE STREET NORTH UNIT 2**
 CITY-ST-ZIP **ONTARIO CA N1-S4X7**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **DONALD ENDERBY**
 STREET ADDRESS **65 SOUTH VERNON ST.**
 CITY-ST-ZIP **MIDDLEPORT, NY 14105**

TITLE **ST** ☒ Change ☐ Addition
 NAME **DAVID BOLDACK**
 STREET ADDRESS **27274 JOLLY ROGER LANE**
 CITY-ST-ZIP **BONITA SPRINGS, FL. 34135**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **EUGENE JASTER**
 STREET ADDRESS **1037 MILLER LANE**
 CITY-ST-ZIP **LAKE SHORE, MN. 56468**

TITLE **D** ☐ Change ☐ Addition
 NAME **GEORGE WEAVER**
 STREET ADDRESS **4347 S. PACIFIC CIR**
 CITY-ST-ZIP **N. FT. MYERS, FL. 33903**

TITLE **D** ☐ Change ☐ Addition
 NAME **DAVID GORDON**
 STREET ADDRESS **345 GEORGE ST. N. UNIT 2**
 CITY-ST-ZIP **ONTARIO, CA. N1-S4X7**

TITLE **D** ☐ Change ☐ Addition
 NAME **JAMES WALLACE**
 STREET ADDRESS **6670 CRESTRIDGE LOOP #1616**
 CITY-ST-ZIP **FT. MYERS FL 33912**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-11-02 495-7963

CR2E037 (9/01)