


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 024 ****61.25

DOCUMENT # 723691					
1. Entity Name KON TIKI RESORT, INC.					
Principal Place of Business KON TIKI RESORE, INC 81200 OVERSEAS HWY ISLAMORADA, FL 33036 US			Mailing Address KON TIKI RESORE, INC 81200 OVERSEAS HWY ISLAMORADA, FL 33036 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOX, KIERSTEN 81200 OVERSEAS HWY ISLAMORADA, FL 33036				Name <u>Anthony Oliva</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>81200 Overseas Highway</u>	
				City <u>Islamorada</u>	FL <u>33036</u>
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Anthony Oliva</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NORMAN			NAME	
STREET ADDRESS	250 NATURAL SPRINGS RD			STREET ADDRESS	
CITY-ST-ZIP	GETTYSBURG, PA 17325			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, DINO			NAME	
STREET ADDRESS	3701 BAYOU LOUISE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARETTELLA, MARK			NAME	
STREET ADDRESS	6 SUNSET TERRACE			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA, FL 32118			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLBERG, GERALD			NAME	
STREET ADDRESS	29350 SOUTHFIELD			STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD, MI 48076			CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Anthony Oliva</u>				5-95-04 305-604-4702 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

J4U7110U



08242004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1451329 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name Anthony Oliva
 Street Address (P.O. Box Number is Not Acceptable)
81200 Overseas Highway
 City Islamorada FL 33036

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004
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SIGNATURE: Anthony Oliva 5-95-04 305-604-4702
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #