

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90107 035 ****70.00

0005493

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1451329** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FOX, KIERSTEN
81200 OVERSEAS HWY
ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	THOMAS, NORMAN	
STREET ADDRESS	250 NATURAL SPRINGS RD	
CITY-ST-ZIP	GETTYSBURG PA 17325	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OLIVA, DINO	
STREET ADDRESS	3701 BAYOU LOUISE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BARETTELLA, MARK	
STREET ADDRESS	6 SUNSET TERRACE	
CITY-ST-ZIP	DAYTONA FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLBERG, GERALD	
STREET ADDRESS	29350 SOUTHFIELD	
CITY-ST-ZIP	SOUTHFIELD MI 48076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **AS REQUIRED BY REQUIREMENT OLIVA** **8/18/03** **941-349-4960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)