

**DOCUMENT # 735305**

1. Entity Name

**KAWAMA HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90114 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1500 OCEAN BAY DRIVE  
 KEY LARGO FL 33037

P. O. BOX 2451  
 KEY LARGO FL 33037-7451

2. Principal Place of Business

3. Mailing Address

*P.O. Box 2451*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*KEY LARGO, FL*

4. FEI Number

**59-2538019**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33037 MONROE*

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BECKER & POLIAKOFF, P.A.**  
**5201 BLUE LAGOON DRIVE**  
**SUITE 100**  
**MIAMI FL 33126**

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.

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SERRALTA, DENSET</b>	
STREET ADDRESS	<b>1500 OCEAN BAY DRIVE, #N4</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RAMIREZ, LUIS</b>	
STREET ADDRESS	<b>1500 OCEAN BAY DRIVE, #S3</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WARTMAN, NORMAN</b>	
STREET ADDRESS	<b>1500 OCEAN BAY DRIVE, #R3</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOSKE, DAN</b>	
STREET ADDRESS	<b>1540 OCEAN BAY DRIVE, #V2</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MULLEN, BILL</b>	
STREET ADDRESS	<b>1540 OCEAN BAY DRIVE, #V1</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, CHIP</b>	
STREET ADDRESS	<b>1500 OCEAN BAY DRIVE, #M3</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERNANDO GUIASOLAY</b>	
STREET ADDRESS	<b>1500 OCEAN BAY DR - A-7</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>HENRY OLIVERA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1500 OCEAN BAY DR - S-8</b>	
STREET ADDRESS	<b>KEY LARGO</b>	
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:**

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

*4/20/2000* (305) 577-9145  
 Date Daytime Phone #