

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90227 014 ****61.25

DOCUMENT # 735305

1. Entity Name

KAWAMA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 OCEAN BAY DRIVE
 KEY LARGO FL 33037

~~P.O. BOX 2431~~
~~KEY LARGO FL 33037~~

00050987



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P O Box 654137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

4. FEI Number
59-2538019

Applied For
 Not Applicable

Zip

Country

Zip

Country

~~33265-0910~~ USA

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

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P- SERRALTA, DENSET 1500 OCEAN BAY DRIVE, #N4 KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Serralta, Denset 1500 Ocean Bay Drive, #N4 Key Largo, Florida 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, LUIS 1500 OCEAN BAY DRIVE, #S3 KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARTMAN, NORMAN 1500 OCEAN BAY DRIVE, #R3 KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B- GUISASOLA, FERNANDO 1500 OCEAN BAY DR A7 KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sutton, Rodney 1500 Ocean Bay Drive, Unit B7 Key Largo, Florida 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVERA, HENRY 1500 OCEAN BAY DR S8 KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CHIP 1500 OCEAN BAY DRIVE, #M3 KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suarez, Angel 1530 Ocean Bay Drive, Villa VA1 Key Largo, Florida 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 an other line empowered.

SIGNATURE: Norman Wartman, Treasurer 305-485-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)