

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90385 005 ****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 654137
 MIAMI FL 33265-0910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538019

Applied For

Not Applicable

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	D	<input type="checkbox"/> Delete
NAME	SERRALTA, DENSET	
STREET ADDRESS	1500 OCEAN BAY DRIVE, #N4	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, HHS	
STREET ADDRESS	1500 OCEAN BAY DRIVE, #S3	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARTMAN, NORMAN	
STREET ADDRESS	1500 OCEAN BAY DRIVE, #R3	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	R	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, RODNEY	
STREET ADDRESS	1500 OCEAN BAY DRIVE UNIT B7	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OLIVERA, HENRY	
STREET ADDRESS	1500 OCEAN BAY DR 98	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CHIP	
STREET ADDRESS	1500 OCEAN BAY DRIVE, #M3	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serralta, Denset	
STREET ADDRESS	7730 S W 137 Court	
CITY-ST-ZIP	Miami, Florida 33183	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernandez, Jose	
STREET ADDRESS	5120 S W 133 Avenue	
CITY-ST-ZIP	Miami, Florida 33175	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wartman, Norman	
STREET ADDRESS	965 N W 201 Avenue	
CITY-ST-ZIP	Pembroke Pines, Florida 33029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suarez, Angel	
STREET ADDRESS	6050 S W 79 Court	
CITY-ST-ZIP	Miami, Florida 33143	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cameron, Don	
STREET ADDRESS	10101 S W 81 Street	
CITY-ST-ZIP	Miami, Florida 33173	
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: **NORMAN WARTMAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/02 305-485-3345

Date Daytime Phone #

CR2E037 (9/01)