


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90008 005 ****61.25

DOCUMENT # 735305

1. Entity Name
KAWAMA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1500 OCEAN BAY DRIVE
 KEY LARGO, FL 33037**

Mailing Address
**P.O. BOX 654137
 MIAMI, FL 33265-0910**

44007096



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2538019

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25 Due by May 1, 2004

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

T LUCAS, MARGARET 1500 OCEAN BAY DR., UNIT H5 KEY LARGO, FL 33037	<input type="checkbox"/> Delete
D FERNANDEZ, JOSE 5120 SW 133 AVE MIAMI, FL 33175	<input type="checkbox"/> Delete
S LASTRA, ROBERTO 10470 SW 93 ST MIAMI, FL 33176	<input type="checkbox"/> Delete
D SUAREZ, ANGEL 6050 SW 79 COURT MIAMI, FL 33143	<input type="checkbox"/> Delete
PV CAMERON, DON 10101 SW 81 ST MIAMI, FL 33173	<input type="checkbox"/> Delete
D HNTIKKA, HENRY 1540 OCEAN BAY DR., VILLA 4 KEY LARGO, FL 33037	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE: *Margaret Lucas* **1/28/04** (305) 453-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #