


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 16 PM 4:38

| | | | | | |
|---|--|--|---|---|--|
| 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 2451 KEY LARGO, FL 33037 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 05022008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2538019 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. ALHAMBRA TOWERS 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NIHART, CHARLES | NAME | | | |
| STREET ADDRESS | 1530 OCEAN BAY DRIVE #505 | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LEON, LEOPOLDO | NAME | 300130679933 | | |
| STREET ADDRESS | 10930 SOUTHWEST 93 STREET | STREET ADDRESS | 06/03/08--01023--025 **61.25 | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | CITY-ST-ZIP | | | |
| TITLE | PV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WARTMAN, NORMAN | NAME | | | |
| STREET ADDRESS | 1500 OCEAN BAY DRIVE UNIT R-3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | CITY-ST-ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MASON-CHUMAN, SUZANNE | NAME | | | |
| STREET ADDRESS | 1530 OCEAN BAY DRIVE, 401 | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | CITY-ST-ZIP | | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PENAR, JOSEPH | NAME | | | |
| STREET ADDRESS | 1530 OCEAN BAY DRIVE 510 | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | B 5/20/08 | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments. | | | | | |
| SIGNATURE: <i>Charles E. Nihart</i> | | | Date: 5/12/08 (305) 246-5867 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |