


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90374 017 ****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**

41000301



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SERRALTA, DENSET	
STREET ADDRESS	7730 SW 137 COURT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	5120 SW 133 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WARTMAN, NORMAN	
STREET ADDRESS	965 NW 201 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, ANGEL	
STREET ADDRESS	6050 SW 79 COURT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMERON, DON	
STREET ADDRESS	10101 SW 81 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, CHIP	
STREET ADDRESS	1500 OCEAN BAY DRIVE, #M3	
CITY-ST-ZIP	KEY LARGO FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucas, Margaret	
STREET ADDRESS	1500 Ocean Bay Drive Unit H5	
CITY-ST-ZIP	Key Largo, Florida 33037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Jose	
STREET ADDRESS	5120 SW 133 Avenue	
CITY-ST-ZIP	Miami, Florida 33175	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lastra, Roberto	
STREET ADDRESS	10470 SW 93 Street	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cameron, Don	
STREET ADDRESS	10101 SW 81 Street	
CITY-ST-ZIP	Miami, Florida 33173	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hintikka, Henry	
STREET ADDRESS	1540 Ocean Bay Drive Villa 4	
CITY-ST-ZIP	Key Largo, Florida 33037	

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: _____ **REQUIRED**

04/26/03 (305) 485-3345

CR2E037 (10/02)