

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # **742101** (9)

1. Corporation Name

KAHLUA OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4950 ESTERO BOULEVARD FT MYERS BCH FL 33931**
Mailing Address: **4950 ESTERO BOULEVARD FT MYERS BCH FL 33931**

3. Date Incorporated or Qualified 03/29/1978	3a. Date of Last Report 04/19/1994
4. FEI Number 59-1972324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

BOLDAK, JACKIE
4950 ESTERO BLVD.
FT. MYERS FL 33931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	NICCU, RIC
STREET ADDRESS	819 VIA DEL SOL
CITY - ST - ZIP	N. FT. MYERS FL
TITLE	D
NAME	CAMPBELL, ROBERT
STREET ADDRESS	12 EASTMORELAND PL
CITY - ST - ZIP	DECATUR IL
TITLE	D
NAME	WEAVER, GEORGE
STREET ADDRESS	4347 S PACIFIC CIR
CITY - ST - ZIP	N FT MYERS FL
TITLE	V
NAME	ENDERBY, DONALD
STREET ADDRESS	5272 PENDALE CT
CITY - ST - ZIP	NO. TONAWANDA NY
TITLE	P
NAME	WHITNEY, JAY
STREET ADDRESS	819 VIA DEL SOL
CITY - ST - ZIP	N FT MYERS FL
TITLE	D
NAME	PFaffenBERGER, HELEN
STREET ADDRESS	2293 BREMEN CT
CITY - ST - ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	NEUMANN, NEILL
13 STREET ADDRESS	824 Via Del Sol
14 CITY - ST - ZIP	N. Ft. Myers, FL. 33902
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay Whitney* **JAY WHITNEY, PRESIDENT** (Date) **27 Feb 95** (813) 751-2513 (Signature Printed)