

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 742101 (9)**

1. Corporation Name

**KAHLUA OWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**4950 ESTERO BOULEVARD  
FT MYERS BCH FL 33931**

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FT MYERS BCH FL 33931**

3. Date Incorporated or Qualified

**03/29/1978**

3a. Date of Last Report

**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1972324**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICCOM, RIC</b>	1.2 NAME	<b>NEILL NEUMANN</b>
STREET ADDRESS	<b>819 VIA DEL SOL</b>	1.3 STREET ADDRESS	<b>824 Via Del Sol</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>N. Ft. Myers, Fl. 33902</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>12 EASTMORELAND PL. 19 Allen Bend Dr.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DECATUR IL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>4347 S PACIFIC CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENDERBY, DONALD</b>	4.2 NAME	
STREET ADDRESS	<b>5272 PENDALE CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. TONAWANDA NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITNEY, JAY</b>	5.2 NAME	
STREET ADDRESS	<b>819 VIA DEL SOL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PFaffenBERGER, HELEN</b>	6.2 NAME	
STREET ADDRESS	<b>2293 BREMEN CT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jay Whitney, President*

2/2/96

Date

(941) 463-5751

Daytime Phone #

CR2E037 (12/95)