

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90130 020 \*\*\*\*61.25

**DOCUMENT # 742101**

1. Entity Name

**KAHLUA OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**KAHLUA BEACH CLUB  
 FT MYERS BCH FL 33931**

Mailing Address

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

00014001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1972324**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIMINSKI, DEBORAH L  
 4950 ESTERO BLVD.  
 FT. MYERS FL 33931**

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.

SIGNATURE

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

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P HUTCHISON, ROSANA**  
 STREET ADDRESS **14201 HICKORY MARCH LN. #22**  
 CITY-ST-ZIP **NORTH FT. MYERS FL 33903**

TITLE  Change  Addition  
 NAME **Address**  
 STREET ADDRESS **14186 GROSSE POINT LANE**  
 CITY-ST-ZIP **FORT MYERS FL. 33919**

TITLE  Delete  
 NAME **ST RANKIN, MORGAN**  
 STREET ADDRESS **1285 N. BRANDYWINE CIR**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WEAVER, GEORGE**  
 STREET ADDRESS **4347 S PACIFIC CIR**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V ENDERBY, DONALD**  
 STREET ADDRESS **5272 PENDALE CT**  
 CITY-ST-ZIP **NO. TONAWANDA NY.**

TITLE  Change  Addition  
 NAME **Address**  
 STREET ADDRESS **65 South VERNON ST**  
 CITY-ST-ZIP **Middleport. NY 14105**

TITLE  Delete  
 NAME **D JASTER, EUGENE**  
 STREET ADDRESS **1037 MILLER LN**  
 CITY-ST-ZIP **LAKE SHORE MN 56468**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GORDON, DAVID**  
 STREET ADDRESS **345 GEORGE STREET NORTH UNIT 2**  
 CITY-ST-ZIP **CAMBRIDGE ON NIS 4.**

TITLE  Change  Addition  
 NAME **Address**  
 STREET ADDRESS  
 CITY-ST-ZIP **ONTARIO, CANADA N1S4X7**

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1/28/01** Daytime Phone #: **941-463-5751**

CR2E037 (10/00)