2004 NOT-FOR-PROFIT CORPORATION

FILED Feb 16, 2004 8:00 am **Secretary of State**

02-16-2004 90045 025 ****61.25

ANNUAL REPORT **DOCUMENT #742101**

KAHLUA OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4950 ESTERO BOULEVARD KAHLUA BEACH CLUB 24011109 FT MYERS BCH, FL 33931 FT MYERS BCH, FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102004 CR2E037 (10/03) 4. FEI Number 59-1972324 City & State City & State Applied For Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIMINSKI, DEBORAH L 4950 ESTERO BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33931 City 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. 1 am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. - . . Florida Department of State Due by May 1, 2004 Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition ENDERBY, DONALD NAME NAME 65 SOUTH VERNON ST STREET ADDRESS STREET ADDRESS MIDDLEPORT, NY 14105 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete VICE PRESIDENT 🔣 Change ☐ Addition BOLDAK, DAVID BOLDAK, DAVID NAME NAME 27274 JOLLY RODGER LANE RODGER LANE STREET ADORESS STREET ADDRESS 27274 JOLLY ROLL BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZE SECRETARY Delete TITLE TITLE Addition EUGENE JASTER JASTER, EUGENE NAME NAME 1037 MILLER LANE LAKE SHORE HN 56461 STREET ADDRESS 1037 MILLER LANE STREET ADDRESS LAKE SHORE, MN 56468 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition DIRECTOR ENDERBY, DONALD NAME NAME TOH BRA 627 SOUTH GRANT ST **65 SOUTH VERNON STREET** STREET ADDRESS STREET ADDRESS MIDDLEPORT, NY 14105 CITY-ST-ZIP CLINTON. Delete TITLE TITLE ☐ Chance ■ Addition NAME WEAVER, GEORGE NAME STREET ADDRESS 4347 S PACIFIC CIR STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33903 CITY-ST-ZIP TITLE ☐ Change ☐ Addition me WALLACE, JAMES NAME NAME STREET ADDRESS 6670 CRESTRIDGE LOOP #1616 STREET ADDRESS CITY-ST-7IP FORT MYERS, FL 33912 CITY-ST-7IP 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 an address, with all other like empowered. PICER OR DIRECTOR

SIGNATURE: