


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90022 040 ****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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

6. Name and Address of Current Registered Agent
CIMINSKI, DEBORAH L
4950 ESTERO BLVD.
FT. MYERS, FL 33931



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1972324

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ENDERBY, DONALD 65 SOUTH VERNON ST MIDDLEPORT, NY 14105 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOLDAK, DAVID 27274 JOLLY RODGER LANE BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JASTER, EUGENE 1037 MILLER LANE LAKE SHORE, MN 56468 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAY, TOM 627 SOUTH GRANT ST. CLINTON, IL 61727 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEAVER, GEORGE 4347 S PACIFIC CIR FORT MYERS, FL 33903 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE, JAMES 6670 CRESTRIDGE LOOP #1616 FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | P EUGENE JASTER 1037 MILLER LANE LAKE SHORE, MN 56468 |
| | | | S SANDRA GILBERT 1116 THOMPSON ST. KY WREST, FL 33040 |
| | | | D BRIAN FRIEDMAN 6103 GULF OF MEXICO BLVD MARATHON, FL 33050 |
| | | | D JOHN BLAZEK 30X 324 ST CHARLES, MO 63302 |

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: Deborah L Ciminski **1/5/05 239-463-5751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #