

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90026 035 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number **59-1972324** Applied For:  No:  Applicable

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

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (last name, first name, middle initial) (NOTE: Registered Agent signature and date when completing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	<b>P</b> <b>JASTER, EUGENE</b> <b>1037 MILLER LANE</b> <b>LAKE SHORE MN 56468</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THISE, THOMAS</b> <b>8509 EUCALYPTUS AVE</b> <b>MUNCIE IN 47304</b>	<input type="checkbox"/> Delete	<b>D</b> <b>ALLEN, NATHAN</b> <b>4324 MASON LANE N.E.</b> <b>ST. MICHAEL, MN. 55376</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WERNER, SANDRA</b> <b>26095 BESSLER ROAD</b> <b>BATESVILLE IN 47006</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FLESSNER, PAUL</b> <b>416 W JACKSON</b> <b>CULLOM IL 60929</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIEDMAN, BRIAN</b> <b>6109 GULF OF MEXICO BLVD</b> <b>MARATHON FL 33050</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIEVOIS, TOM</b> <b>10801 VIVALDI CT UNIT <del>1702</del> 1703</b> <b>MIROMAR LAKES FL 33913</b>	<input type="checkbox"/> Delete	<b>11710 S.W. 12th ST</b> <b>Pembooke Pines FL 33025</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* **1-24-08 239-463-5751**