

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723691

**Entity Name:** KON TIKI RESORT, INC.

**Current Principal Place of Business:**

KON TIKI RESORT, INC  
81200 OVERSEAS HWY  
ISLAMORADA, FL 33036

**Current Mailing Address:**

KON TIKI RESORT, INC  
81200 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

**FEI Number:** 59-1451329

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, NANCY  
81200 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name CLEMENTS, CHARLIE  
Address 9335 SW 116 ST  
City-State-Zip: MIAMI FL 33176

Title VP  
Name HARTLEY, JAMES J  
Address 3790 ATLANTA ST.  
City-State-Zip: HOLLYWOOD FL 33021

Title TS  
Name BANNEROT, PALMER  
Address 471 AIRPORT RD.  
City-State-Zip: BUTLER PA 16002

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLIE CLEMENTS

DP

04/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date