

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 735305

Entity Name: KAWAMA HOMEOWNERS ASSOCIATION, INC.

FILED
Aug 04, 2017
Secretary of State
CC9717312132

Current Principal Place of Business:

15600 SW 288 ST.
#406
HOMESTEAD, FL 33030

Current Mailing Address:

PO BOX 924176
HOMESTEAD, FL 33092 US

FEI Number: 59-2538019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOKOVNA, JAIME PA
121 ALHAMBRA PLAZA
10 FLOOR
CORAL GABLES, FL, FL 33134 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 PD
Name COHEN, ROBERT T.
Address 15600 SW 288 STREET
406
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name BROWN, WILLIAM
Address 15600 SW 288 STREET
406
City-State-Zip: HOMESTEAD FL 33033

Title TD
Name PENAR, JOSEPH
Address 15600 SW 288 STREET
406
City-State-Zip: HOMESTEAD FL 33033

Title VPD
Name POCHINSKI, JOHN
Address 15600 SW 288 ST.
#406
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY, DIRECTOR
Name OLIVERA, OLGA
Address 15600 SW 288 ST.
#406
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name MOORE, CARLOS
Address 15600 SW 288 ST.
#406
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name BUETTI, JARRETT
Address 15600 SW 288 ST.
#406
City-State-Zip: HOMESTEAD FL 33030

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: ROBERT T.COHEN

PRESIDENT

08/04/2017

Electronic Signature of Signing Officer/Director Detail

Date