

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

DOCUMENT# 735305

**Entity Name:** KAWAMA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC7081929213**

**Current Principal Place of Business:**

15600 SW 288 ST.  
#406  
HOMESTEAD, FL 33030

**Current Mailing Address:**

PO BOX 924176  
HOMESTEAD, FL 33092

**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 D  
Name GUIASOLA, FERNANDO V  
Address 15600 SW 288 STREET  
406  
City-State-Zip: HOMESTEAD FL 33033

Title D  
Name BALMORI, ABRAHAM  
Address 15600 SW 288 STREET  
406  
City-State-Zip: HOMESTEAD FL 33030

Title SD  
Name ORTIZ, AURELIO "TONY"  
Address 15600 SW 288 ST.  
#406  
City-State-Zip: HOMESTEAD FL 33030

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

Title SD  
Name ORTIZ, AURELIO "TONY"  
Address 15600 SW 288 ST.  
#406  
City-State-Zip: HOMESTEAD FL 33030

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*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 COHEN**

**PRESIDENT**

**04/21/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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