

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735305

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**7256026612CC**

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

**Current Principal Place of Business:**

C/O CASTLE GROUP  
1500 OCEAN BAY DR,  
KEY LARGO, FL 33037

**Current Mailing Address:**

C/O CASTLE GROUP  
1500 OCEAN BAY DR,  
KEY LARGO, FL 33037 US

**FEI Number:** 59-2538019

**Certificate of Status Desired:** No

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

DOKOVNA, JAMIE  
C/O BECKER AND POLIAKOFF  
625 N FLAGLER DRIVE 7TH FLOOR  
WEST PALM BEACH, FL 33401 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:** JAMIE DOKOVNA

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SUAREZ, GEORGETTE  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

Title           VP  
Name           BROWN, WILLIAM  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

Title           DIRECTOR  
Name           LLANO, DANIEL  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

Title           PRESIDENT  
Name           BRYANT, CURTIS  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

Title           SECRETARY  
Name           ZICK, NORMA  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

Title           DIRECTOR  
Name           RODRIGUEZ, KRISTIN  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

Title           DIRECTOR  
Name           ROGERS , PATRICK  
Address        1500 OCEAN BAY DR,  
City-State-Zip: KEY LARGO FL 33037

*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:** CURTIS BRYANT

**PRESIDENT**

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date