

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721031** (3)
1. Corporation Name
KAHIKI HARBOR PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 131 HARBOR LANE 199 KAHIKI DRIVE TAVERNIER FL 33070 US	Mailing Address 131 HARBOR LANE 199 KAHIKI DRIVE TAVERNIER FL 33070 US
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2. Principal Place of Business 21 P.O. Box 1625 Suite, Apt. #, etc. 22 City & State 23 Tavernier, FL Zip 24 33070 Country 25 USA	2a. Mailing Address 26 P.O. Box 1625 Suite, Apt. #, etc. 27 City & State 28 Tavernier, FL Zip 29 33070 Country 30 USA
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3. Date Incorporated or Qualified 05/26/1971	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0214496	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent TUCKER, KATHERINE 131 HARBOR LANE TAVERNIER FL 33070
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10. Name and Address of New Registered Agent 81 Name Carol Pepple 82 Street Address (P.O. Box Number is Not Acceptable) 167 Kahiki Drive 83 84 City Tavernier FL 85 Zip Code 33070
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Carol Pepple DATE 6/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LA ROCCO, JOHN 424 SUNSHINE BLVD TAVERNIER FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TUCKER, KATHERINE A. 131 HARBOR LANE TAVERNIER FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUCKER, KATHERINE 131 HARBOR LANE TAVERNIER FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD LAND, WILBUR 143 CORAL AVENUE TAVERNIER, FL 33070 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SD CAROL PEPPLER 167 KAHIKI DRIVE TAVERNIER, FL 33070 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD CAROL PEPPLER 167 KAHIKI DRIVE TAVERNIER, FL 33070 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Pepple REQUIRED CAROL PEPPLER 6/10/96 305/852-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)