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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 1625 TAVERNIER FL 33070 US	Mailing Address P.O. BOX 1625 TAVERNIER FL 33070 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/26/1971	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	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

**BURTON, JOLENE
148 KAHIKI DRIVE
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

81 Name CAMILLA WALTER	82 Street Address (P.O. Box Number is Not Acceptable) 151 KAHIKI DR TAVERNIER, FL 33070	83 City FL	84 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 *Camilla Walter*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMAR, NICHOLAS 175 KAHIKI DR TAVERNIER FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BURTON, JOLENE BURTON 148 KAHIKI DR TAVERNIER FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BURTON, JOLENE 148 KAHIKI DR 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 LUSE, ROBERT 135 HARBOR LANE TAVERNIER, FL 33070	☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD DENNIS, CARLOS 171 KAHIKI DR TAVERNIER, FL 33070	☐ Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD WALTER, CAMILLA 151 KAHIKI DR 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Camilla Walter*

4/28/98

CR2E037 (10/97)