

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 721031

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0214496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OBRIEN, WILLIAM
115 HARBOR LANE
TAVERNIER, FL 33070**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KATES, SARA 132 KAHIKI DRIVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTESARCHIO, VINCENT 140 KAHIKI DRIVE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OBRIEN, WILLIAM 115 HARBOR LANE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000181899
01/19/05-80006-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM OBRIEN **WILLIAM OBRIEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 05 (305) 853-9353

Date

Daytime Phone #