2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 721031

1. Entity Name
KAHIKI HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1625 TAVERNIER, FL 33070 US	P.O. BOX 1625 TAVERNIER, FL 33070 US

DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP CR2E037 (4/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SORRELL, WENDY
STREET ADDRESS	412 SUNSHINE BLVD
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	V
NAME	BROOKS, AMOS
STREET ADDRESS	161 CORAL AVE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	TD
NAME	OBRIEN, WILLIAM
STREET ADDRESS	115 HARBOR LANE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	ROTH, JOSEPH
STREET ADDRESS	183 KAHIKI DR
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000674946
03/29/07-80089-011 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: W.O'B WILLIAM OBRIEN 3-19-07 (305) 853-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #