2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 721031

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

Current Principal Place of Business:

P.O. BOX 1625
TAVERNIER, FL 33070 US

New Principal Place of Business:

115 HARBOR LANE
TAVERNIER, FL 33070 US

Current Mailing Address:

P.O. BOX 1625
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 65-0214496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OBRIEN, WILLIAM
115 HARBOR LANE
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SORRELL, WENDY
Address: 412 SUNSHINE BLVD
City-St-Zip: TAVERNIER, FL 33070

Title: V ( ) Delete
Name: BROOKS, AMOS
Address: 161 CORAL AVE
City-St-Zip: TAVERNIER, FL 33070

Title: TD ( ) Delete
Name: OBRIEN, WILLIAM
Address: 115 HARBOR LANE
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete
Name: ROTH, JOSEPH
Address: 183 KAHIKI DR
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LAPRADD, WES
Address: 148 HARBOR LANE
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change ( ) Addition
Name: BARR, LARRY
Address: 186 KAHIKI DR
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM OBRIEN TREA 04/17/2009
Electronic Signature of Signing Officer or Director Date