

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90008 033 \*\*\*\*61.25

**DOCUMENT # 742101**

1. Entity Name

KAHLUA OWNERS' ASSOCIATION, INC.



Principal Place of Business

KAHLUA BEACH CLUB  
FT MYERS BCH FL 33931

Mailing Address

4950 ESTERO BOULEVARD  
FT MYERS BCH FL 33931



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-1972324

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIMINSKI, DEBORAH L  
4950 ESTERO BLVD.  
FT. MYERS FL 33931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JASTER, EUGENE ☐ Delete  
STREET ADDRESS 1037 MILLER LANE  
CITY-ST-ZIP LAKE SHORE MN 56468

TITLE V  
NAME BOLDAK, DAVID ☒ Delete  
STREET ADDRESS 27274 JOLLY RODGER LANE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE S  
NAME GILBERT, SANDRA ☒ Delete  
STREET ADDRESS 1116 THOMPSON ST  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D  
NAME BRAY, TOM ☒ Delete  
STREET ADDRESS 627 SOUTH GRANT ST.  
CITY-ST-ZIP CLINTON IL 61727

TITLE D  
NAME FRIEDMAN, BRIAN ☐ Delete  
STREET ADDRESS 6103 GULF OF MEXICO BLVD  
CITY-ST-ZIP MARATHON FL 33050

TITLE D  
NAME BLAZEK, JOHN ☒ Delete  
STREET ADDRESS BOX 324  
CITY-ST-ZIP SAINT CHARLES MO 63302

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME THISE THOMAS ☒ Change ☐ Addition  
STREET ADDRESS 8509 EUCALYPTUS AVE  
CITY-ST-ZIP MUNCIE, IN 47304

TITLE S  
NAME ROBERT JONES ☒ Change ☐ Addition  
STREET ADDRESS 21940 WILDWOOD  
CITY-ST-ZIP DEARBORN, MI 48120

TITLE D  
NAME PAUL FLESSNER ☒ Change ☐ Addition  
STREET ADDRESS 416 WEST JACKSON  
CITY-ST-ZIP CULLOM, ILL. 60929

TITLE TREASURER  
NAME FRIEDMAN, BRIAN ☒ Change ☐ Addition  
STREET ADDRESS 6103 GULF OF MEXICO BLVD  
CITY-ST-ZIP MARATHON, FL. 33050

TITLE D  
NAME TOM LIEVOIS ☐ Change ☒ Addition  
STREET ADDRESS 10801 VIVALDI COURT UNIT 1703  
CITY-ST-ZIP MIROMAR LAKES, FL. 33913

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

*BRIAN FRIEDMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06

954-275-3377

Date

Daytime Phone #