

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742101

FILED
Feb 11, 2009
Secretary of State

Entity Name: KAHLUA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

KAHLUA BEACH CLUB
FT MYERS BCH, FL 33931

New Principal Place of Business:

Current Mailing Address:

4950 ESTERO BOULEVARD
FT MYERS BCH, FL 33931

New Mailing Address:

FEI Number: 59-1972324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DEBORAH L CIMINSKI

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JASTER, EUGENE
Address: 1037 MILLER LANE
City-St-Zip: LAKE SHORE, MN 56468

Title: V () Delete
Name: THISE, THOMAS
Address: 8509 EUCALYPTUS AVE
City-St-Zip: MUNCIE, IN 47304

Title: S () Delete
Name: WERNER, SANDRA
Address: 26095 BESSLER ROAD
City-St-Zip: BATESVILLE, IN 47006

Title: T () Delete
Name: FLESSNER, PAUL
Address: 416 W JACKSON
City-St-Zip: CULLOM, IL 60929

Title: D () Delete
Name: FRIEDMAN, BRIAN
Address: 11710 SW 12TH ST
City-St-Zip: HOLLYWOOD, FL 33025

Title: D () Delete
Name: LIEVOIS, TOM
Address: 10801 VIVALDI CT UNIT 1703
City-St-Zip: MIROMAR LAKES, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: THOMAS THISE

V

02/11/2009

Electronic Signature of Signing Officer or Director

Date