

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90282 020 \*\*\*\*61.25

**DOCUMENT # 743624**

1. Entity Name  
**KONA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**474 ESTERO BLVD.  
FORT MYERS BEACH, FL 33931**

Mailing Address  
**474 ESTERO BLVD.  
FORT MYERS BEACH, FL 33931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1846130**

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

7. Name and Address of New Registered Agent

**P&M PROPERTY MANAGEMENT  
15660 SAN CARLOS BLVD., #40  
FORT MYERS, FL 33908**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **HOUSE, MICHAEL**  
STREET ADDRESS **474 ESTERO BLVD, #202**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **Treasurer** ☐ Change ☐ Addition  
NAME **Teresa House**  
STREET ADDRESS **16048 E. 266**  
CITY-ST-ZIP **ATLANTA, IN 46034**

TITLE **D** ☐ Delete  
NAME **FARWICK, PETE**  
STREET ADDRESS **480 ESTERO BLVD., #116**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

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

TITLE **SD** ☐ Delete  
NAME **MARY MANE, DUTCHER**  
STREET ADDRESS **476 ESTERO BLVD., #112**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

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

TITLE **DT** ☐ Delete  
NAME **BOWDEN, LEE**  
STREET ADDRESS **476 ESTERO BLVD #214**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
NAME **LONG, LLOYD C**  
STREET ADDRESS **474 ESTERO BLVD, #201**  
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **Director** ☐ Change ☐ Addition  
NAME **Marcia Garland**  
STREET ADDRESS **14727 Thornhill Terr.**  
CITY-ST-ZIP **Chesterfield, MD 23017**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Mary Marie Dutcher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05