

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90223 026 \*\*\*\*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**

**P & M Property Management  
15660 San Carlos Blvd. # 40  
Fort Myers, Florida 33908**

**P & M Property Management  
15660 San Carlos Blvd. # 40  
Fort Myers, Florida 33908**



04262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1846130** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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

**Filing Fee is \$61.25  
Due by May 1, 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	T	<input type="checkbox"/> Delete
NAME	HOUSE, TERESA	
STREET ADDRESS	16048 E 266	
CITY-ST-ZIP	ATLANTA, IN 46034	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARWICK, PETE	
STREET ADDRESS	480 ESTERO BLVD., #116	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARY MANE, DUTCHER	
STREET ADDRESS	476 ESTERO BLVD., #112	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, LEE	
STREET ADDRESS	476 ESTERO BLVD #214	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARLAND, MARCIA	
STREET ADDRESS	14724 THORNHILL TERR	
CITY-ST-ZIP	CHESTERFIELD, MO 63017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #