


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90201 040 \*\*\*\*61.25

<b>DOCUMENT # 743624</b>	
1. Entity Name <b>KONA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>P&amp;M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908</b>	Mailing Address <b>P&amp;M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908</b>
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2. Principal Place of Business - No P.O. Box # <b>P+m Property Management</b>	3. Mailing Address <b>P+m Property Management</b>
Suite, Apt. #, etc. <b>14360 S. Tamiami Trail, Unit B</b>	Suite, Apt. #, etc. <b>14360 S. Tamiami Trail, Unit B</b>
City & State <b>Fort Myers, FL</b>	City & State <b>Fort Myers, FL</b>
Zip <b>33912</b>	Zip <b>33912</b>
Country <b>US</b>	Country <b>US</b>



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1846130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>P&amp;M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908</b>	
7. Name and Address of New Registered Agent Name <b>Paul Sapp</b> Street Address (P.O. Box Number is Not Acceptable) <b>P+m Property Management</b> <b>14360 S. Tamiami Trail Unit B</b> City <b>Fort Myers</b> FL Zip Code <b>33912</b>	

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 *Paul Sapp* DATE 4-12-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUSE, TERESA 16048 E 266 ATLANTA, IN 46034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brian Rigsby 14360 S. Tamiami Trail, # B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARWICK, PETE 480 ESTERO BLVD., #116 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Teresa House 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY MANE, DUTCHER 476 ESTERO BLVD., #112 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Marie Dutcher 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, LEE 476 ESTERO BLVD #214 FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Pete Farwick 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, MARCIA 14724 THORNHILL TERR CHESTERFIELD, MO 63017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP Susan Moran 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE 4-11-07 DAYTIME PHONE # 239-481-1577

Signature, typed or printed name of signing officer or director