FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 30 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96-97

DOCUMENT # F 84710

1. Corporation Name
KAWAMA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
1500 OCEAN BAY DR.
KEY LARGO, FL 33037

Mailing Address
P.O. BOX 2451
KEY LARGO, FL 33027

3. Date Incorporated or Qualified: 06/08/82
3a. Date of Last Report: 05/01/95

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2538019 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: PROPERTY MANAGEMENT SERVICES
82 Street Address (P.O. Box Number is Not Acceptable)
83 8299 CORAL WAY
84 City: MIAMI FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [signature] MAVOGER 9/25/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERNARDO RODRIGUEZ	1.2 NAME	
STREET ADDRESS	6217 S.W. 12 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT/DIRECTOR. ☐ DELETE	2.1 TITLE	300002311839 ☐ Change ☐ Addition
NAME	ALDO SUAREZ	2.2 NAME	-10/03/97--01101--003
STREET ADDRESS	4431 S.W. 150 CT.	2.3 STREET ADDRESS	****297.50 ****297.50
CITY-ST-ZIP	MIAMI, FL 33185	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/DIRECTOR ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUIS RAMIREZ	3.2 NAME	
STREET ADDRESS	1500 OCEAN BAY DR. #S2	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	3.4 CITY-ST-ZIP	
TITLE	TREASURER/DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DENSET SERRALTA	4.2 NAME	
STREET ADDRESS	7240 S.W. 13 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EDNA MIGLIAZZO	5.2 NAME	
STREET ADDRESS	1530 OCEAN BAY DRIVE #403	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	J.D. STEPHENS	6.2 NAME	
STREET ADDRESS	1500 OCEAN BAY DR. # M1	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO, FL 33037	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edna Migliazzo EDNA MIGLIAZZO 9/27/97 (305) 453-3964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #