

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State



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

DOCUMENT # F84710 (5)
 1. Corporation Name
KAWAMA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **1500 OCEAN BAY DR. KEY LARGO FL 33037 US**
 Mailing Address: **P O BOX 2451 KEY LARGO FL 33027**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1982	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 59-2538019	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed to produce name of registered agent and filed if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD SUAREZ, ALDO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4431 SW 150 CT	1.2 NAME	
STREET ADDRESS	MIAMI FL 33185	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD RAMIREZ, LUIS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1500 OCEAN BAY DR.	2.2 NAME	
STREET ADDRESS	KEY LARGO FL 33037	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD RODRIGUEZ, BERNARDO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6217 S W 12 STREET	3.2 NAME	
STREET ADDRESS	MIAMI FL 33144	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SERRALTA, DENSET	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7240 S.W. 13 TERRACE	4.2 NAME	
STREET ADDRESS	MIAMI FL 33144	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MIGLIAZZO, EDNA	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1530 OCEAN BAY DR., #403	5.2 NAME	
STREET ADDRESS	KEY LARGO FL 33037	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D STEPHENS, J.D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 OCEAN BAY DR.	6.2 NAME	
STREET ADDRESS	KEY LARGO FL 33037	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernardo Rodriguez* **BERNARDO RODRIGUEZ** 4-14-98 (305) 264-4250

CR2E034 (10/97)

KAWAMA HOMEOWNERS ASSOC.

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ADDITION

TITLE : DIRECTOR

NAME : MULLEN, WILLIAM

STREET ADDRESS: 318 COUNTRY CLUB DR.

CITY-ST-ZIP : MC HENRY, IL 60050