# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45353** **(2)**

1. Corporation Name

**KONA SCHOOLHOUSE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15951 MCGREGOR BLVD.<br>FT. MYERS FL 33908 | 8655 COLLEGE PARKWAY SW<br>FT. MYERS FL 33919<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 03/01/1994
4. FEI Number: 65-0284986 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 15951 McGregor Blvd |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 Suite 3 |
| City & State 23 | City & State 28 FT MYERS FL |
| Zip 24 / Country 25 | Zip 29 33908 / Country 30 USA |

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

SACKETT, JAMES
55 COLLEGE PARKWAY, S.W.
MYERS FL 33919

**10. Name and Address of New Registered Agent**

81 Name: BREEN, DIANE
82 Street Address (P.O. Box Number is Not Acceptable): 15951 McGregor BLVD
83: Suite 3
84 City: FT. MYERS FL 85 Zip Code: 33908

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, 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: Diane Breen — 5/8/95
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 | D | 11 TITLE | D | ☒ Change ☐ Addition |
| NAME | SACKETT, JAMES | 12 NAME | BREEN, DIANE | |
| STREET ADDRESS | 8655 COLLEGE PARKWAY, SW | 13 STREET ADDRESS | 15951 McGregor Blvd | |
| CITY-ST-ZIP | FT. MYERS FL | 14 CITY-ST-ZIP | FT. MYERS FL 33908 | |
| TITLE | D | 21 TITLE | D | ☒ Change ☐ Addition |
| NAME | DONOVAN LARRY P. | 22 NAME | Dale Breen | |
| STREET ADDRESS | 8655 COLLEGE PARKWAY, SW | 23 STREET ADDRESS | 2183 Chapman Lake | |
| CITY-ST-ZIP | FT. MYERS FL | 24 CITY-ST-ZIP | Warsaw IN 46580 | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | BREEN, KEVIN C. | 32 NAME | | |
| STREET ADDRESS | 15975 MCGREGGOR BLVD. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Diane Breen — Diane Breen — 4/14/95 — 813/482-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018822