

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

**DOCUMENT # N94000004692 (9)**

1. Corporation Name

**KAWAMA VILLAS COUNCIL OF CO-OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1540 OCEAN BAY DRIVE KEY LARGO FL 33037</b>	Mailing Address <b>1530 OCEAN BAY DR STE 501-1402 KEY LARGO FL 33037 US</b>
---	--

3. Date Incorporated or Qualified <b>09/22/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0520254</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
<b>MATHEWS, GEORGE W III</b> <b>13255 CONGRESS AVE., STE. 235</b> <b>BOYNTON BEACH FL 33037</b> <i>Gerald A. Freeman</i> <i>9. Keys Realty, Inc.</i> <i>PO Box 2554</i> <i>Key Largo, FL 33037</i>	

10. Name and Address of New Registered Agent	
81 Name	<b>Gerald A. Freeman</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1530 Ocean Bay Dr #402</b>
83	
84 City	<b>Key Largo</b>
85 Zip Code	<b>FL 33037</b>

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: *Gerald A. Freeman* *Proprietor* *4/29/96*  
 Signature, typed or printed name of registered agent and title if applicable. DATE: *4/29/96*

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>POWER, MICHAEL R</b>
STREET ADDRESS	<b>5601 EDMOND</b>
CITY-ST-ZIP	<b>WACO TX 76710</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MUENSTER, WALLY</b>
STREET ADDRESS	<b>5601 EDMOND</b>
CITY-ST-ZIP	<b>WACO TX 76710</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>POWER, KRISTIN D</b>
STREET ADDRESS	<b>5601 EDMOND</b>
CITY-ST-ZIP	<b>WACO TX 76710</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Francisco Fullana</b>
1.3 STREET ADDRESS	<b>9298 SW 16th St</b>
1.4 CITY-ST-ZIP	<b>Miami FL 33157</b>
2.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARTIN LEON</b>
2.3 STREET ADDRESS	<b>13320 SW 110th Ave</b>
2.4 CITY-ST-ZIP	<b>Miami FL 33176</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rene Alayeto</b>
3.3 STREET ADDRESS	<b>3132 SW 16th St</b>
3.4 CITY-ST-ZIP	<b>Miami FL 33155</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>William Mullen</b>
4.3 STREET ADDRESS	<b>318 Country Club Dr</b>
4.4 CITY-ST-ZIP	<b>McHenry 126050</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Ralph Ledesma</b>
5.3 STREET ADDRESS	<b>9750 SW 63rd Ct</b>
5.4 CITY-ST-ZIP	<b>Miami FL 33156</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Francisco Fullana* *4/29/96* *(305) 235 0940*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)