

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90015 038 ****61.25

DOCUMENT # N94000004692

1. Entity Name

KAWAMA VILLAS COUNCIL OF CO-OWNERS ASSOCIATION,

Principal Place of Business

**1540 OCEAN BAY DRIVE
 KEY LARGO FL 33037**

Mailing Address

**PO BOX 650910
 MIAMI FL 33265
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0520254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, ALDO

4431 SW 150 STREET

MIAMI FL 33185

Ledesma, Ralph

1540 Ocean Bay Drive, Villa 7

Key Largo, Florida 33037

Name

Ledesma, Ralph

Street Address (P.O. Box Number is Not Acceptable)

1540 Ocean Bay Drive, Villa #7

City

Key Largo

FL

Zip Code
33037

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.

SIGNATURE

Ralph Ledesma

Sec-Treas.

04/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
 NAME **FULLANA, FRANCISCO**
 STREET ADDRESS **9298 SW 166TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Fullana, Francisco**
 STREET ADDRESS **9298 SW 166th Street**
 CITY-ST-ZIP **Miami, Florida 33157**

TITLE **D** ☒ Delete
 NAME **ALAYETO, RENE**
 STREET ADDRESS **3132 SW 16TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Hintikka, Diane**
 STREET ADDRESS **1540 Ocean Bay Drive, Villa #4**
 CITY-ST-ZIP **Key Largo, Florida 33037**

TITLE **D** ☐ Delete
 NAME **LEDESMA, RALPH**
 STREET ADDRESS **1540 OCEAN BAY DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Ledesma, Ralph**
 STREET ADDRESS **1540 Ocean Bay Drive, Villa #7**
 CITY-ST-ZIP **Key Largo, Florida 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Leon, Emilio**
 STREET ADDRESS **13320 SW 110 Avenue**
 CITY-ST-ZIP **Miami, Florida 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Fernandez, Jose**
 STREET ADDRESS **5120 SW 133 Avenue**
 CITY-ST-ZIP **Miami, Florida 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Ralph Ledesma* **SIGNATURE REQUIRED** **Ralph Ledesma, Sec.-Treasurer 04/26/01 305-485-3345**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)