

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90385 018 ****61.25

DOCUMENT # N94000004692

1. Entity Name

KAWAMA VILLAS COUNCIL OF CO-OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**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

**LEDESMA, RALPH
 1540 OCEAN BAY DRIVE, VILLA #7
 KEY LARGO FL 33037**

Name

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

City

FL

Zip Code

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

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 186TH ST---**
 CITY-ST-ZIP **MIAMI FL 33157---**

TITLE **D** ☐ Change ☒ Addition
 NAME **Arostegui Jr., Alfred**
 STREET ADDRESS **3649 Royal Palm Avenue**
 CITY-ST-ZIP **Coconut Grove, Florida 33133**

TITLE **PD** ☐ Delete
 NAME **HINTIKKA, DIANE**
 STREET ADDRESS **1540 OCEAN BAY DRIVE, VILLA #4**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE **STD** ☐ 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 **D** ☐ Delete
 NAME **LEON, EMILIO**
 STREET ADDRESS **13320 SW 110 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete
 NAME **FERNANDEZ, JOSE**
 STREET ADDRESS **5120 SW 133 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33175**

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02
 Date

305-485-3345
 Daytime Phone #

CR2E037 (9/01)