

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90017 024 ****61.25

DOCUMENT # N94000004692					
1. Entity Name KAWAMA VILLAS COUNCIL OF CO-OWNERS ASSOCIATION, INC.					
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Persaud, Samuel A</u> Street Address (P.O. Box Number is Not Acceptable) <u>1320 South Dixie Hwy</u> <u># 715</u> City <u>Coral Gables</u> FL Zip Code <u>33146</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4/12/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HINTIKKA, DIANE	<input checked="" type="checkbox"/> Delete	TITLE TO	NAME Emile Dorta	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1540 OCEAN BAY DRIVE, VILLA #4	CITY-ST-ZIP KEY LARGO, FL 33037		STREET ADDRESS 7721 SW 118th PL	CITY-ST-ZIP MIAMI, FL 33183	
TITLE VPD	NAME LEDESMA, RALPH	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Emilio Leon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1540 OCEAN BAY DR VILLA 7	CITY-ST-ZIP KEY LARGO, FL 33037		STREET ADDRESS 13320 SW 110th St	CITY-ST-ZIP MIAMI, FL 33176	
TITLE D	NAME IRIZARRY, IVETTE	<input type="checkbox"/> Delete	TITLE PD	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9061 SW 92 COURT	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE STD	NAME FERNANDEZ, JOSE	<input type="checkbox"/> Delete	TITLE VP	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5120 SW 133 AVENUE	CITY-ST-ZIP MIAMI, FL 33175		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME Fullana, Francisco	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 9298 SW 166th St.	CITY-ST-ZIP MIAMI, FL 33157	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: <u>Ivette Irizarry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/28/04</u> Daytime Phone # <u>305-982-5164</u>		

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