

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004692

FILED
Mar 21, 2009
Secretary of State

Entity Name: KAWAMA VILLAS COUNCIL OF CO-OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1540 OCEAN BAY DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 370293
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-0520254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAUD, SAMUEL A
201 N KROME AVE
SUITE 200
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

PERSAUD, SAMUEL A
10631 N KENDALL DR
SUITE 205
MIAMI, FL 33176 US

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:

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DORTA, EMILE
Address: 7721 SW 118TH PL.
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: LEON, EMILIO
Address: 13320 SW 110TH ST.
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: RODRIGUEZ, JESUS
Address: 14085 SW 104TH CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DORTA, EMILE
Address: PO BOX 370293
City-St-Zip: KEY LARGO, FL 33037

Title: SD (X) Change () Addition
Name: RAMIREZ, ROBERT
Address: PO BOX 370293
City-St-Zip: KEY LARGO, FL 33037

Title: PD (X) Change () Addition
Name: FERNANDEZ, JOSE
Address: PO BOX 370293
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILE DORTA

TD

03/21/2009

Electronic Signature of Signing Officer or Director

Date