

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90131 033 \*\*\*\*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**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<del>VPD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FULLANA, FRANCISCO</del>	
STREET ADDRESS	<del>9208 SW 166TH ST.</del>	
CITY-ST-ZIP	<del>MIAMI FL 33157</del>	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	<del>HINTIKKA, DIANE</del>	
STREET ADDRESS	<del>1540 OCEAN BAY DRIVE, VILLA #4</del>	
CITY-ST-ZIP	<del>KEY LARGO FL 33037</del>	
TITLE	<del>STD</del>	<input type="checkbox"/> Delete
NAME	<del>LEDESMA, RALPH</del>	
STREET ADDRESS	<del>1540 OCEAN BAY DRIVE</del>	
CITY-ST-ZIP	<del>KEY LARGO FL 33037</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>LEON, EMILIO</del>	
STREET ADDRESS	<del>13320 SW 110 AVENUE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33176</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FERNANDEZ, JOSE</del>	
STREET ADDRESS	<del>5120 SW 133 AVENUE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ledesma, Ralph	
STREET ADDRESS	1540 Ocean Bay Drive Villa 7	
CITY-ST-ZIP	Key Largo Florida 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irizarry, Ivette	
STREET ADDRESS	9061 S W 92 Court	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Jose	
STREET ADDRESS	5120 S W 133 Avenue	
CITY-ST-ZIP	Miami, Florida 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  
**Jose Fernandez**

**4/26/03 (30) 485-3345**

CRCE037 (10/02)