

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743624

Entity Name: KONA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O MYTOWN COMMUNITIES
2830 WINKLER AVE #101
FT MYERS, FL 33916**Current Mailing Address:**C/O MYTOWN COMMUNITIES
2830 WINKLER AVE #101
FT MYERS, FL 33916 US**FEI Number:** 59-1846130**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNOX LEVINE, P.A.
36354 U.S. HWY 19 N.
PALM HARBOUR, FL 34684 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:** BRYAN B. LEVINE, ESQ.

08/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DUTCHER, VICTORIA
Address C/O MYTOWN COMMUNITIES
 2830 WINKLER AVE #101
City-State-Zip: FT MYERS FL 33916

Title VP
Name BISHTON , ROBERT
Address C/O MYTOWN COMMUNITIES
 2830 WINKLER AVE #101
City-State-Zip: FT MYERS FL 33916

Title SECRETARY
Name WOJATELWICZ, JENNY
Address C/O MYTOWN COMMUNITIES
 2830 WINKLER AVE #101
City-State-Zip: FT MYERS FL 33916

Title TREASURER
Name TROUTMAN, GEORGE
Address C/O MYTOWN COMMUNITIES
 2830 WINKLER AVE #101
City-State-Zip: FT MYERS FL 33916

Title DIRECTOR
Name RIGSBY, BRIAN
Address C/O MYTOWN COMMUNITIES
 2830 WINKLER AVE #101
City-State-Zip: FT MYERS FL 33916

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA DUTCHER

PRESIDENT

08/31/2023

Electronic Signature of Signing Officer/Director Detail

Date