

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR 23 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721720 (1)
1. Corporation Name
HALEKULANI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
255 2ND AVENUE SOUTH NAPLES FL 33940 255 2ND AVENUE SOUTH NAPLES FL 33940

2. Principal Place of Business 26. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/16/1971 02/22/1994

4. FEI Number Applied For
59-1420416 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WALKER, RICHARD MRS.
255 2ND AVENUE SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAHONEY, SHEILA
STREET ADDRESS	255 2ND AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	WALKER, MILDRED W
STREET ADDRESS	255 2ND AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	SPAISER, RUTH
STREET ADDRESS	255 2ND AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Calhoun Smith	
1.3 STREET ADDRESS	255 2nd Ave. So.	
1.4 CITY-ST-ZIP	Naples Fl. 33940	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ben Spaiser	
2.3 STREET ADDRESS	255 2nd Ave. So.	
2.4 CITY-ST-ZIP	Naples Fl. 33940	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spaiser, Ruth	
3.3 STREET ADDRESS	255 2nd Ave. So.	
3.4 CITY-ST-ZIP	Naples Fl. 33940	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ray Douglas	
4.3 STREET ADDRESS	255 2nd Ave. So.	
4.4 CITY-ST-ZIP	Naples Fl. 33940	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mann Carlo	
5.3 STREET ADDRESS	255 2nd Ave. So.	
5.4 CITY-ST-ZIP	Naples Fl.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred W. Walker MILDRED W. WALKER 3/13/95 813/262-5339
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr