

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **721720** (1)

1. Corporation Name
HALEKULANI CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **09/16/1971**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-1420416**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: **Moore Property Mgmt**, 82 Street Address: **745 12th Ave South Suite D**, 84 City: **Naples**, 85 Zip Code: **33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *John Joenides, Manager* DATE: **4-16-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, SHEILA	
STREET ADDRESS	255 2ND AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALKER, MILDRED W	
STREET ADDRESS	255 2ND AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SPAISER, RUTH	
STREET ADDRESS	255 2ND AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CALHOUN	
STREET ADDRESS	255 2ND AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAISER, BEN	
STREET ADDRESS	255 S 2ND AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANN, CARLA	
STREET ADDRESS	255 S 2ND AVE	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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: *Nedret H. Walker Treas* DATE: **4-16-96** DAYTIME PHONE #: **941-262-5057**

CR2E037 (12/95)