


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 721720
1. Corporation Name
Halekulani Condo Assoc

Principal Place of Business: 255 2nd Ave S, Naples, FL 34102
Mailing Address: 745 12th Ave S, Suite D, Naples, FL 34102

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

3. Date Incorporated or Qualified
3a. Date of Last Report
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Moore Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable): 745 12th Ave S, Suite D
83
84 City: Naples FL 85 Zip Code: 34102

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: Manager DATE: 4-23-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	110 Mahoney, Shelia	255 2nd Ave S	Naples, FL 34102	<input type="checkbox"/>
	110 Walker, Mildred	255 2nd Ave S	Naples, FL 34102	<input type="checkbox"/>
	D Smith, Cathoun	255 2nd Ave S	Naples, FL 34102	<input type="checkbox"/>
	D Spaiser, Ben	255 2nd Ave S	Naples, FL 34102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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14. I do 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 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 Walker Treasurer DATE: 4-23-97 Daytime Phone #: 941-262-5051

CR2E037 (9/96)