

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0071803

05-03-2001 91150 014 ****61.25

DOCUMENT # 721720

1. Entity Name

HALEKULANI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**255 2ND AVENUE SOUTH
 NAPLES FL 34102**

Mailing Address

**745 12TH AVE. S.
 SUITE D
 NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1420416**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MOORE PROPERTY MGMT
 745 12TH AVE SOUTH SUITE D
 NAPLES FL 34102**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PD	MAHONEY, SHELIA		
255 2ND AVENUE SOUTH	NAPLES FL 34102		
TD	WALKER, MILDRED		
255 2ND AVENUE SOUTH	NAPLES FL 34102		
D	SMITH, CALHOUN		
255 2ND AVENUE SOUTH	NAPLES FL 34102		
D	SPAISER, BEN		
255 2ND AVENUE SOUTH	NAPLES FL 34102		

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: Shelia Mahoney 4/26/01 941 262 5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE