


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-27-2004 90004 042 ****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. Suite AA | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01202004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-1420416 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MAHONEY, SHELIA | | NAME | | |
| STREET ADDRESS | 225 2ND AVE S B2 | | STREET ADDRESS | 255 - 2nd Ave South B2 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALKER, MILDRED | | NAME | | |
| STREET ADDRESS | 255 2ND AVENUE SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34102 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SPAISER, BEN | | NAME | | |
| STREET ADDRESS | 255 2ND AVENUE SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34102 | | CITY-ST-ZIP | | |
| TITLE | PRES | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BORON, DONALD | | NAME | | |
| STREET ADDRESS | 255 2ND AVE S#A1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34102 | | CITY-ST-ZIP | | |
| TITLE | SEC | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | PHILIP, ANNETTE | | NAME | D Bacchi, Russell | |
| STREET ADDRESS | 255 2ND AVE S #B3 | | STREET ADDRESS | 255- 2nd Avenue, South B3 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | | CITY-ST-ZIP | Naples, FL 34102 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Shelia Mahoney</i> | | | Date: <i>2/2/04</i> Daytime Phone #: <i>239-262-5051</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |