

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721720

FILED
Apr 23, 2008
Secretary of State

Entity Name: HALEKULANI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

255 2ND AVE S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE S
AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1420416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S
AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MAHONEY, SHELIA
Address: 255 2ND AVE S APT B-2
City-St-Zip: NAPLES, FL 34102

Title: ST (X) Delete
Name: WALKER, MILDRED
Address: 255 2ND AVE S APT A-2
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SPAISER, MITCHELL
Address: 308 LAW RD
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: PRES () Delete
Name: BORON, DONALD
Address: PO BOX 481
City-St-Zip: NAPLES, FL 34106

Title: D () Delete
Name: BACCHI, RUSSELL
Address: 4166 OBSERVATORY RD
City-St-Zip: CROSS PLAINS, WI 53528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: MAHONEY, SHELIA
Address: 255 2ND AVE S APT B-2
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD BORON

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date