

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721720

FILED  
Apr 23, 2009  
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: VPT (X) Delete  
Name: MAHONEY, SHELIA  
Address: 255 2ND AVE S APT B-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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD (X) Change ( ) Addition  
Name: KATZ, MARIA  
Address: 302 S. CATALINA RD #9  
City-St-Zip: REDONDO BEACH, CA 90277

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

Title: VPD (X) Change ( ) Addition  
Name: BACCHI, RUSSELL  
Address: 4166 OBSERVATORY RD  
City-St-Zip: CROSS PLAINS, WI 53528

Title: D ( ) Change (X) Addition  
Name: BACCHI, TERESA  
Address: 4166 OBSERVATORY RD  
City-St-Zip: CROSS PLAINS, WI 53528

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 BORAN

P

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date