

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90473 019 ****61.25

DOCUMENT # 721720
1. Entity Name
HALEKULANI CONDOMINIUM ASSOCIATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
255 2nd Ave S
Suite, Apt. #, etc.

3. Mailing Address
745 12th Ave S.
Suite, Apt. #, etc.
Ste. AA

DO NOT WRITE IN THIS SPACE

City & State
Naples FL

City & State
Naples FL

4. FFL Number
59-1420416

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
34102 Country
USA Zip
34102 Country
USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 _____ (NOTE: Registered Agent signature required when applicable) _____ DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D Donald Boron 255 2nd Ave S. # A1 Naples FL 34102</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MIDGE WALKER 255 2nd Ave S. Naples, FL 34102</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SP/D Annette Philip # B3 255 2nd Ave S. Naples, FL 34102</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SP/D Shelia Mahoney 255 2nd Ave S. Naples, FL 34102</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B/D Ben Spaiser 255 2nd Ave S. Naples, FL 34102</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E0376 (12/02)

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 on an attachment with an address, with all other like empowered.

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03 2:29 262 507

Daytime Phone #