

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90099 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754585
 1. Corporation Name
THE ALOHA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 605 N RIVERSIDE DR, POMPANO BCH FL 33062
 Mailing Address: 605 N RIVERSIDE DR, POMPANO BCH FL 33062

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 10/10/1980 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-2021833 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 | 29 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | 30 | 6. Election Campaign Financing Trust Fund Contribution |
| | | <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| BEHAR, LARRY J., P.A. 888 SE THIRD AVENUE, SUITE 400 FT. LAUDERDALE FL 33316 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
| | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEDOC, MICHEL | 1.2 NAME | |
| STREET ADDRESS | 508 DU HAVRE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MONT ST HILAIRE CA | 1.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST LOUIS, DOMINIQUE | 2.2 NAME | |
| STREET ADDRESS | 418 S HERBROOKE E., #300 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MONTREAL CA | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPERLIER, CLAUDE | 3.2 NAME | |
| STREET ADDRESS | 605 N. RIVERSIDE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEDUC MICHEL DATE: 03/02/99 PHONE: 954-749-8802

CR2E037 (1/198)