FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764278** **(8)**

1 Corporation Name

ALOHA VILLAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business:	Mailing Address:
866 SANTA ROSA BLVD. 362 VENUS COURT FT WALTON BEACH FL 32548-6049	866 SANTA ROSA BLVD. 362 VENUS COURT FT WALTON BEACH FL 32548-6049

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1982	3a. Date of Last Report: 05/25/1994
4. FEI Number: 59-2281876	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CELANO EUGENE
866 SANTA ROSA BLVD.
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Typed or Printed Name of Registered Agent) (Typed or Printed Name of Registered Agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	PD ☑ Change ☐ Addition
NAME	COSTANZA, HARRY	12 NAME	
STREET ADDRESS	866 SANTA ROSA BLVD	13 STREET ADDRESS	
CITY ST ZIP	FT. WALTON BEACH FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	SD ☑ Change ☐ Addition
NAME	CELANO, EUGENE	22 NAME	
STREET ADDRESS	866 SANTA ROSA BLVD	23 STREET ADDRESS	
CITY ST ZIP	FT. WALTON BEACH FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	VD ☑ Change ☐ Addition
NAME	BRETT, C. CAREY	32 NAME	KELLER, HARRISON
STREET ADDRESS	866 SANTA ROSA BLVD.	33 STREET ADDRESS	866 SANTA ROSA BLVD
CITY ST ZIP	FT. WALTON BCH. FL 32548	34 CITY ST ZIP	FT WALTON BCH, FL 32548
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Celano Sec/Asst

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

EUGENE R CELANO

4/26/95 (Date) 904-243-3114 (Daytime Phone #)

0021825