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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32548-8049

866 SANTA ROSA BLVD.
362 VENUS COURT
FT WALTON BEACH FL 32548-8093

3. Date Incorporated or Qualified
07/23/1982

3a. Date of Last Report
08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWEIZER, TODD
866 SANTA ROSA BLVD
FT WALTON BEACH FL 32548

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME KHI, SADRU
STREET ADDRESS 866 SANTA ROSA BLVD
CITY-ST-ZIP FT. WALTON BEACH FL

1.1 TITLE Change Addition

1.2 NAME KHIMANI, SADRU
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE

NAME SCHWEIZER, TODD
STREET ADDRESS 866 SANTA ROSA BLVD
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE Change Addition

2.2 NAME ~~SCHWEIZER, TODD~~
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE

NAME FISHER, HOWARD
STREET ADDRESS 866 SANTA ROSA BLVD
CITY-ST-ZIP FT. WALTON BCH. FL

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME SD
4.3 STREET ADDRESS Michael Spellman
866 SANTA ROSA BLVD
4.4 CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072045

CR2E037 (9/96)