

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90046 043 ****61.25

DOCUMENT # 764278

1. Entity Name

ALOHA VILLAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business

866 SANTA ROSA BLVD.
 362 VENUS COURT
 FT WALTON BEACH FL 32548-6049

Mailing Address

866 SANTA ROSA BLVD.
 362 VENUS COURT
 FT WALTON BEACH FL 32548-6093

2. Principal Place of Business

4 Laguna Street

3. Mailing Address

4 Laguna St

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

FWB, FL

City & State

FWB, FL

Zip

32548

Country

Zip

32548

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2281876

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New 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.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/24/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	IOVIENO, MIKE	
STREET ADDRESS	866 SANTA ROSA BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHWEIZER, TODD	
STREET ADDRESS	866 SANTA ROSA BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPELLMAN, MICHAEL	
STREET ADDRESS	866 SANTA ROSA BLVD	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

850-301-0179

Daytime Phone #

CR2E037 (9/99)