

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90112 024 \*\*\*\*61.25

**DOCUMENT # NO1000000679**

1. Entity Name

**HAWAIIAN ISLES HOMEOWNERS' ASSOC., INC.**

Principal Place of Business

Mailing Address

4120 COCKROACH BAY RD., LOT 67  
 RUSKIN FL 33570

PO BOX 7468  
 SUN CITY FL 33586

**ALLEN REGAL**

2. Principal Place of Business

3. Mailing Address

**4120 COCKROACH BAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lot 45**

City & State

**RUSKIN FLA.**

4. FEI Number

**59-2661634**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33570 Hillsborough**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERRY, DANIEL W**  
**1920 E. ROBINSON ST.**  
**ORLANDO FL 32803**

Name **ALLEN REGAL**

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

**4120 COCKROACH BAY**

**Lot 45**

City **RUSKIN**

**FL**

Zip Code

**33570**

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

**ALLEN REGAL** *Allen Regal*

**03/07/02**

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

(NOTE: Registered Agent Signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARR, ROSS T 4120 COCKROACH BAY RD., LOT 67 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLAUSS, BLANCHE 4120 COCKROACH BAY RD., LOT 84 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, LUCRICIA 4120 COCKROACH BAY RD., LOT 33 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKENNA, CHARLES 4120 COCKROACH BAY RD., LOT 88 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTMAN, DOUGLAS 4120 COCKROACH BAY RD., LOT 108 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRESIDENT Robert A. SIMMONS JR 4120 Cockroach Bay Rd. Lot #106 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEC. NELSON K GOMOLL 4120 COCKROACH BAY RUSKIN FLA. 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGENT-AT-LARGE ALLEN REGAL 4120 COCKROACH BAY #45 RUSKIN FLA. 33570	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV V. PRES BOB GRIDER 4120 COCKROACH BAY #16 RUSKIN FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DT IDA WILLIAMS 4120 COCKROACH Bay Rd #191 RUSKIN, FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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**

*Robert A. Simmons Jr*

**03/07/02** (813) 6451770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)