


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 034 ****61.25

DOCUMENT # N01000000679

1. Entity Name
HAWAIIAN ISLES HOMEOWNERS' ASSOC., INC.



Principal Place of Business Mailing Address

4120 COCKROACH BAY RD., LOT 15 4120 COCKROACH BAY RD., LOT 15
 RUSKIN, FL 33570 RUSKIN, FL 33570

DO NOT WRITE IN THIS SPACE

60019417



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2661634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHESNEY, JOHN
 4120 COCHROACH BAY RD
 LOT 15
 RUSKIN, FL 33570

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John Chesney* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKOWN, STEVE 4120 COCKROACH BAY RD LOT 174 A RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINGS, PAT 4120 COCK ROACH BAY RD LOT 21 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FILDES, DUANE 4120 COCKROACH BAY RD, LOT #105 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORBIDLISSI, MARIO DONNA ROBBINS 4120 COCKROACH BAY RD, LOT 143B RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESNEY, JOHN 4120 COCKROACH BAY RD, LOT #15 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John Chesney* *John Chesney* 2/13/07 813-645-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #