

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90209 044 \*\*\*\*61.25

DOCUMENT # **N01000000679**

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



Principal Place of Business: **4120 COCKROACH BAY RD., LOT 57 RUSKIN FL 33570**  
Mailing Address: **4120 COCKROACH BAY RD., LOT 45 RUSKIN FL 33570**

2. Principal Place of Business: **HAWAIIAN ISLES**  
3. Mailing Address: **4120 Cockroach Bay Rd.**

Suite, Apt. #, etc.: **RUSKIN, Florida** / **Lot 58**  
City & State: **RUSKIN, Florida** / **RUSKIN, Florida**

Zip: **33570** / **Hillsborough** / **33570** / **Hillsborough**

4. FEI Number **59-2661634**  
Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REGAL, ALLEN**  
**4120 COCHROACH BAY**  
**LOT 45**  
**RUSKIN FL 33570**

7. Name and Address of New Registered Agent  
Name: **SAME**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Allen Regal ALLEN REGAL** DATE: **2-12-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, ROBERT A</b>	
STREET ADDRESS	<b>4120 COCKROACH BAY RD LOT #106</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	<b>GOMELC, NELSON K</b>	
STREET ADDRESS	<b>4120 COCKROACH BAY</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, LUCRICIA</b>	
STREET ADDRESS	<b>4120 COCKROACH BAY RD., LOT 33</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	<b>GRIDER, BOB L</b>	
STREET ADDRESS	<b>4120 COCKROACH BAY #16</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, IDA</b>	
STREET ADDRESS	<b>4120 COCKROACH BAY #191</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>REGAL, ALLEN</b>	
STREET ADDRESS	<b>4120 COCKROACH BAY #45</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIC-PRESIDENT</b>	
STREET ADDRESS	<b>CARSON H. MILLER</b>	
CITY-ST-ZIP	<b>4120 COCKROACH BAY</b>	
	<b>LOT 51 RUSKIN, FL. 33570</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
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: **Robert A. Simmons Jr** DATE: **02/12/03** DAYTIME PHONE #: **(813) 645-1770**

CR2E037 (10/02)