

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90021 014 ****61.25

DOCUMENT # N99000007117

1. Entity Name

HAWAIIAN INN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2101 JOHN ANDERSON DRIVE
 ORMOND FL 32176

2101 JOHN ANDERSON DRIVE
 ORMOND FL 32176

001387

2. Principal Place of Business

3. Mailing Address

2301 S. Atlantic AVE.

2301 S. Atlantic AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Daytona Bch. Shores, FL

City & State

Daytona Bch. Shores, FL

4. FEI Number

59-3575262

Applied For

Not Applicable

Zip

Country

32118

Zip

Country

32118

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

RAINEY, JOHN A
 2101 JOHN ANDERSON DRIVE
 ORMOND FL 32176

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

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 PD
 NAME HIRSCH, HERBERT Delete
 STREET ADDRESS 2101 JOHN ANDERSON DRIVE
 CITY-ST-ZIP ORMOND FL 32176

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD
 NAME RAINEY, JOHN A Delete
 STREET ADDRESS 2101 JOHN ANDERSON DRIVE
 CITY-ST-ZIP ORMOND FL 32176

TITLE VPD Change Addition
 NAME MATRICIA DANIEL
 STREET ADDRESS 1768 Regatta Drive
 CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE STD
 NAME RAINEY, CHRISTA Delete
 STREET ADDRESS 2101 JOHN ANDERSON DRIVE
 CITY-ST-ZIP ORMOND FL 32176

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Christa Rainey Secretary/Treas; 01/08/02 386-258-2860

CR2E037 (9/01)