


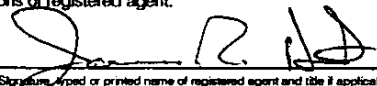
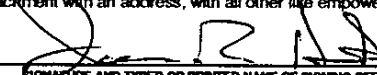
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90026 004 \*\*\*\*70.00

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<b>DOCUMENT # N99000007117</b> 1. Entity Name HAWAIIAN INN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2301 S. ATLANTIC AVE CONDOMINIUM ASSOCIATION OFFICE DAYTONA BEACH SHORES, FL 32118		Mailing Address 2301 S. ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3511 S. Peninsula Dr Suite, Apt. #, etc.	
City & State		City & State Port Orange	
Zip		Zip 32127	
Country		Country Volusia	
6. Name and Address of Current Registered Agent TRAVASSOS, WAYNE 2301 S. ATLANTIC AVE CONDOMINIUM ASSOCIATION OFFICE DAYTONA BEACH SHORES, FL 32118		7. Name and Address of New Registered Agent Name: JAMES R. HUNT Street Address (P.O. Box Number is Not Acceptable): 3511 S. PENINSULA DR City: Port Orange FL Zip Code: 32127	
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: 		DATE: 7-1-05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: TRAVASSOS, WAYNE STREET ADDRESS: 2301 S. ATLANTIC AVE CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE: O NAME: WAYNE TRAVASSOS STREET ADDRESS: 2301 S. ATLANTIC AVE CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: WARD, RON STREET ADDRESS: 2301 S. ATLANTIC AVE CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: MARJORIE CARBY STREET ADDRESS: 573 SHASTBERRY RD. CITY-ST-ZIP: LEXINGTON, KY 40505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: CARBY, MARGE STREET ADDRESS: 2301 S. ATLANTIC AVE. CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: LEON KUBIWSKI STREET ADDRESS: 413 HIGHTOWER DR. CITY-ST-ZIP: DEBARY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: T NAME: MARY ANN FORD STREET ADDRESS: 8204 TILLMAN RD. CITY-ST-ZIP: LOUISVILLE, KY 40220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: SO NAME: LISA SHUFFLE STREET ADDRESS: 37 GARDEN DR. CITY-ST-ZIP: DELAND, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" 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: 		DATE: 7-1-05 (386) 7615733 ext	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	