

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90021 034 \*\*\*\*61.25



**DOCUMENT # N99000007117**  
1. Entity Name  
**HAWAIIAN INN BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**2301 S. ATLANTIC AVE  
CONDOMINIUM ASSOCIATION OFFICE  
DAYTONA BEACH SHORES FL 32118**      **3511 S. PENINSULA DRIVE  
PORT ORANGE FL 32127**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
4. FEI Number      Applied For  
**59-3575262**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HUNT, JAMES R.  
3511 S. PENINSULA DRIVE  
PORT ORANGE FL 32127**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | TRAVASSOS, WAYNE              |  |
| STREET ADDRESS | 2301 S. ATLANTIC AVE          |  |
| CITY-ST-ZIP    | DAYTONA BEACH SHORES FL 32118 |  |
| TITLE          | P                             | <input type="checkbox"/> Delete            |
| NAME           | CARBY, MARJORIE               |  |
| STREET ADDRESS | 593 SHASTBERRY ROAD           |  |
| CITY-ST-ZIP    | LEXINGTON KY 40505            |  |
| TITLE          | VP                            | <input type="checkbox"/> Delete            |
| NAME           | KUBINSKI, LEON                |  |
| STREET ADDRESS | 413 HIGHTOWER DRIVE           |  |
| CITY-ST-ZIP    | DEBARY FL 32713               |  |
| TITLE          | T                             | <input type="checkbox"/> Delete            |
| NAME           | FORD, MARY ANN                |  |
| STREET ADDRESS | 8204 TILLMAR ROAD             |  |
| CITY-ST-ZIP    | LOUISVILLE KY 40220           |  |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | SHUFFLE, LISA                 |  |
| STREET ADDRESS | 37 CAMDEN DRIVE               |  |
| CITY-ST-ZIP    | DELAND FL 32724               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PATRICIA AUIS           |  |
| STREET ADDRESS | 333 DAHOEN HOLLY DR     |  |
| CITY-ST-ZIP    | DAYTONA BEACH, FL 32117 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James Hunt*      1-18-06 (326) 261-5733 x29