03-01-2007 90012 041 ****61.25
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# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
07 MAR -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02272007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000007117

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
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3575262 — Applied For / 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | P ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MOTES, JAMES | NAME | |
| STREET ADDRESS | 10322 NW 13TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606 | CITY-ST-ZIP | |
| TITLE | VP ☐ Delete | TITLE | ■ Change ☐ Addition |
| NAME | ROWSLOW, TERI | NAME | RENSLOW, TERI |
| STREET ADDRESS | W 10795 875 AVE | STREET ADDRESS | |
| CITY-ST-ZIP | RIVER FALLS, WI 54022 | CITY-ST-ZIP | |
| TITLE | T ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MCDONALD, RODNEY | NAME | |
| STREET ADDRESS | 612 WARWICK LANE | STREET ADDRESS | |
| CITY-ST-ZIP | CRANBERRY TWP, PA 16066 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BOWDEN, SALLY | NAME | |
| STREET ADDRESS | 848 MEYHVIEW DR | STREET ADDRESS | |
| CITY-ST-ZIP | BATON ROUGE, LA 70810 | CITY-ST-ZIP | |
| TITLE | D ■ Delete | TITLE | D ☐ Change ■ Addition |
| NAME | ROWSLOW, JAMES | NAME | Ric Page |
| STREET ADDRESS | W 10795 875 AVE | STREET ADDRESS | W 10209 866 AVE. |
| CITY-ST-ZIP | RIVER FALLS, WI 54022 | CITY-ST-ZIP | River Falls, WI 54022 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:** James R. Hunt — JAMES R. HUNT — 2.27.07 — (386) 761-5733 x29
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #