

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90056 023 \*\*\*158.75

**DOCUMENT # P95000002495**

1. Entity Name  
ALOHA KAI VACATION RENTALS, INC.



Principal Place of Business  
6020 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242-3212

Mailing Address  
6020 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242-3212

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-P

CR2E034 (12/06)

4. FEI Number  
65-0547718

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~APPOLD, KEVIN  
7465 PAUROTIS CT  
SARASOTA, FL 34241~~

7. Name and Address of New Registered Agent

Name Muller David G  
Street Address (P.O. Box Number is Not Acceptable) 610 Becker & Pollakoff, P.A.  
6305 Orange Avenue Suite 300  
City Sarasota FL 34236  
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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	APPOLD, KEVIN
STREET ADDRESS	7465 PAUROTIS
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	<del>RAGINARA, REID</del>
STREET ADDRESS	<del>7465 PAUROTIS CT</del>
CITY-ST-ZIP	<del>SARASOTA, FL 34241</del>
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	FREUND, WILLIAM
STREET ADDRESS	25 BUXTON ROAD
CITY-ST-ZIP	CHATHAM, NJ 07928
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	V SHIPPEE, DOUGLAS
STREET ADDRESS	SOUTH CROWN ST
CITY-ST-ZIP	ST. JOHN, NBE2L2X6, CA
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	P ILARIA, MICHAEL
STREET ADDRESS	6049 MARCELLA CT
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	VP ANTHONY Tufillaro
STREET ADDRESS	153 Bramble Ct
CITY-ST-ZIP	Williamsville NY 14221

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
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 checked="" type="checkbox"/> Addition
NAME	VP ANTHONY Tufillaro
STREET ADDRESS	153 Bramble Ct
CITY-ST-ZIP	Williamsville NY 14221

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 607, 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: Mickael Davis Chaurin 1/17/08 941-349-5410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #