FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 754585 (8)

1. Corporation Name

THE ALOHA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
605 N RIVERSIDE DR POMPANO BCH FL 33062	605 N RIVERSIDE DR POMPANO BCH FL 33062

3. Date Incorporated or Qualified: 10/10/1980
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2021833 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEHAR, LARRY J., P.A. 888 SE THIRD AVENUE, SUITE 400 FT. LAUDERDALE FL 33316	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D P ☒ Change ☐ Addition
NAME	LEDUC, MICHEL	1.2 NAME	Leduc Michel
STREET ADDRESS	605 N. RIVERSIDE DR.	1.3 STREET ADDRESS	508 Du Havre
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Mont St Hilaire, J3H 5E8
TITLE	T	2.1 TITLE	D T ☒ Change ☐ Addition
NAME	ST LOUIS, DOMINIQUE	2.2 NAME	St Louis Dominique
STREET ADDRESS	605 N. RIVERSIDE DR.	2.3 STREET ADDRESS	1755 est Blvd. Rene Levesque
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Montreal, H2K 4P6
TITLE	S	3.1 TITLE	D S ☒ Change ☐ Addition
NAME	LAPERLIER, CLAUDE	3.2 NAME	Laperlier Claude
STREET ADDRESS	605 N. RIVERSIDE DR.	3.3 STREET ADDRESS	5601 Pierre Tetreault
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Montreal H1K 2Z3
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dominique St-Louis Tres. 01/28/95 305-748-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008018