

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709515 (1)

1. Corporation Name

ALOHA, INC., A CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

1329 TARPON CENTER #5
VENICE FL 34285

1329 TARPON CENTER #5
VENICE FL 34285

2. Principal Place of Business

2a. Mailing Address

21 1329 Tarpon Center

26 1329 Tarpon Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #2

27 #2

City & State

City & State

23 Venice FL

28 Venice, FL

Zip

Country

Zip

Country

24 34285

25 Sarasota

29 34285

30 Sarasota

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/31/1965

3a. Date of Last Report
03/15/1995

4. FEI Number

59-1320449

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name John Simmonds

82 Street Address (P.O. Box Number is Not Acceptable)
1329 Tarpon Center #2

83

84 City Venice

FL

85 Zip Code
34285

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

3-13-96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME SIMMONDS, JOHN
STREET ADDRESS BOX 2605
CITY - ST - ZIP WINTER HAVEN FL

11 TITLE

P ☒ Change ☐ Addition

John Simmonds
1329 Tarpon Center Drive #2
Venice, FL 34285

TITLE D ☐ DELETE

NAME DEY, DAVID
STREET ADDRESS 1419 SANDRINGHAM WAY
CITY - ST - ZIP BIRMINGHAM MI

21 TITLE

D ☒ Change ☐ Addition

Key, David
1419 Sandringham Way
Bloomfield Hills MI 48301

TITLE P ☐ DELETE

NAME MILLER, SAM
STREET ADDRESS 1309 GREENTREE RD
CITY - ST - ZIP PITTSBURGH PA

31 TITLE

ST ☒ Change ☐ Addition

Miller, Sam
1309 Greentree Road
Pittsburgh, PA 15220

TITLE D ☐ DELETE

NAME NEWCOMB, WILLIAM
STREET ADDRESS 347 SURF RD
CITY - ST - ZIP OCEAN CITY, NJ

41 TITLE

☐ Change ☐ Addition

Lietz, AJ
1329 Tarpon Center Drive #5
Venice, FL 34285

TITLE ST ☐ DELETE

NAME LIETZ, AJ
STREET ADDRESS 1329 TARPON CNTR DR
CITY - ST - ZIP VENICE FL

51 TITLE

V ☒ Change ☐ Addition

Lietz, AJ
1329 Tarpon Center Drive #5
Venice, FL 34285

TITLE D ☐ DELETE

NAME ELLUSTON, FRED
STREET ADDRESS 3383 OVERBROOK DR
CITY - ST - ZIP LEXINGTON KY

61 TITLE

☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

DATE

941-484-3220

Daytime Phone #

CR2E037 (12/95)