


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 705626 (0)
1. Corporation Name
ALOHA KAI ASSOCIATION, INC.



Principal Place of Business: 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242
Mailing Address: 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212

3. Date Incorporated or Qualified: 05/20/1963
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business (21-24)
2b. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

4. FEI Number: 59-1035832
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

9. Name and Address of Current Registered Agent
BALL RUTH A
7425 BOUNTY DR
SARASOTA, FL
SARASOTA FL 34231

10. Name and Address of New Registered Agent
81 Name: CHADWICK, JON D
82 Street Address (P.O. Box Number is Not Acceptable): 6455 MCKOWN RD
83 City: SARASOTA FL 85 Zip Code: 34242

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: *Jon D. Chadwick* JON D. CHADWICK, Pres 4/7/97

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEDERSON, RUSSELL	
STREET ADDRESS	4558 DEER CREEK BLVD	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHEFFERT, CHRISTINE	
STREET ADDRESS	888 BLVD. OF THE ARTS, #1002	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHADWICK, JON D	
STREET ADDRESS	6455 MCKOWN RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARJORIE ALLISON	
STREET ADDRESS	6728 ANTIBES ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BALL, RUTH A.	
STREET ADDRESS	7425 BOUNTY DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA J. NEWCOMER	
4.3 STREET ADDRESS	3850 WEBBER ST.	
4.4 CITY-ST-ZIP	SARASOTA, FL 34232	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HILDE W. SMITH	
5.3 STREET ADDRESS	6 MAGNOLIA DRIVE	
5.4 CITY-ST-ZIP	ENGLEWOOD, OH 45322	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)