

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90139 012 \*\*\*\*61.25

**DOCUMENT # 754585**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2021833**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEHAR, LARRY J., P.A.**  
**888 SE THIRD AVENUE, SUITE 400**  
**FT. LAUDERDALE FL 33316**

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  
 NAME **LEDUC, MICHEL**  
 STREET ADDRESS **508 DU HAVRE**  
 CITY-ST-ZIP **MONT ST HILAIRE CA**  
☒ Delete

TITLE **DS**  
 NAME **JACQUES RAYMOND**  
 STREET ADDRESS **605 N. RIVERSIDE DRIVE**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
☐ Change ☐ Addition

TITLE **DT**  
 NAME **ST LOUIS, DOMINIQUE**  
 STREET ADDRESS **418 S HERBROOKE E., #300**  
 CITY-ST-ZIP **MONTREAL CA**  
☒ Delete

TITLE **TD**  
 NAME **MARTIN ROY**  
 STREET ADDRESS **605 N. RIVERSIDE DRIVE**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
☐ Change ☐ Addition

TITLE **DP**  
 NAME **LAPERLIER, CLAUDE**  
 STREET ADDRESS **605 N. RIVERSIDE DR.**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
☐ Delete

TITLE **DP**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. I 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 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:

**Signature Required**

**Jan 22, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)