

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 049 ***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

01052007

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

SCHEFFORT, CHISTINE
488 BLVD OF ARTS #1204
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name Kevin Appold

Street Address (P.O. Box Number is Not Acceptable)

7465 Paurotis Ct

City Sarasota

FL

Zip Code 34241

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

1-10-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TD
NAME SCHEFFORT, CHRISTINE ☒ Delete
STREET ADDRESS 888 BLVD OF ARTS #1204
CITY-ST-ZIP SARASOTA, FL 34236

TITLE S
NAME NORTHRAFT, NEVA ☒ Delete
STREET ADDRESS 2912 MCKIMMI AVE NE
CITY-ST-ZIP LOUISVILLE, OH 44641

TITLE VD
NAME FREUND, WILLIAM ☐ Delete
STREET ADDRESS 25 BUXTON ROAD
CITY-ST-ZIP CHATHAM, NJ 07928

TITLE SD
NAME SHIPPEE, DOUGLAS ☐ Delete
STREET ADDRESS SOUTH CROWN ST
CITY-ST-ZIP ST. JOHN, NBE2L2X6, CA

TITLE VP
NAME CHASE, BARBARA ☒ Delete
STREET ADDRESS 1151 COQUILLE STREET
CITY-ST-ZIP SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T
NAME Kevin Appold ☐ Change ☒ Addition
STREET ADDRESS 7465 Paurotis Ct
CITY-ST-ZIP Sarasota FL 34241

TITLE S
NAME Reid Raghira ☐ Change ☒ Addition
STREET ADDRESS 7465 Paurotis Ct
CITY-ST-ZIP Sarasota FL 34241

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

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

TITLE P
NAME Michael Ilaria ☐ Change ☒ Addition
STREET ADDRESS 6049 Marella Ct
CITY-ST-ZIP Sarasota FL 34243

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 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:

William C. Freund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #