

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 754585

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** THE ALOHA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

605 N RIVERSIDE DR  
POMPANO BCH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

605 N RIVERSIDE DR  
POMPANO BCH, FL 33062

**New Mailing Address:**

**FEI Number:** 59-2021833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LAPERLIER, CLAUDE  
Address: 605 N. RIVERSIDE DR.  
City-St-Zip: POMPANO BEACH, FL

Title: DS ( ) Delete  
Name: JACQUES, RAYMOND  
Address: 605 N. RIVERSIDE DRIVE  
City-St-Zip: POMPANO BEACH, FL

Title: TD ( ) Delete  
Name: MARTIN, ROY  
Address: 605 N. RIVERSIDE DRIVE  
City-St-Zip: POMPANO BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MARCEL, LABELLE  
Address: 605 N. RIVERSIDE DRIVE  
City-St-Zip: POMPANO BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE LAPERLIER

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date