I hereby 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 all other like empowered.	

Name

Address

SIGNATURE: KRIS FOLEY

Electronic Signature of Signing Officer/Director Detail

Name and A	ddress of Current Registered Age	nt:		
CHRISTY, DOU 3665 BEE RIDG SUITE 100 SARASOTA, FL	E ROAD			
The above named	entity submits this statement for the purpose of cha	anging its registered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE	: DOUGLAS CHRISTY			01/
	Electronic Signature of Registered Agent			
Officer/Dired	ctor Detail :			
Title	DIRECTOR	Title	DIRECTOR, TREASURER	
Name	HONSBERGER, LYNN J.	Name	PEDDICORD, ANGELA	
Address	6020 MIDNIGHT PASS ROAD	Address	6020 MIDNIGHT PASS ROAD	
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242	
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, VP	

FEI Number: 59-1035832

Entity Name: ALOHA KAI ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

FOLEY, KRIS

City-State-Zip: SARASOTA FL 34242

City-State-Zip: SARASOTA FL 34242

6020 MIDNIGHT PASS ROAD

SECRETARY, DIRECTOR SCHMIDT, VICTORIA

6020 MIDNIGHT PASS ROAD

6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242

DOCUMENT# 705626

Current Mailing Address:

6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242

Name

Title

Name Address

Address

01/12/2024 Date

Certificate of Status Desired: No

OSBORN, PAMELA

City-State-Zip: SARASOTA FL 34242

PRESIDENT

6020 MIDNIGHT PASS ROAD

01/12/2024 Date