2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705626

Entity Name: ALOHA KAI ASSOCIATION, INC.

Current Principal Place of Business:

6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242

Current Mailing Address:

6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242

FEI Number: 59-1035832 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMPE, JULIE 2831 RINGLING BLVD, BLDG B SUITE 203D SARASOTA, FL 34237 US

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: JULIE TRIMPE 05/01/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT Title Title TREASURER, DIRECTOR DONNELLY, THOMAS Name Name HONSBERGER, LYNN J.

Address 2496 BANK STREET Address 6020 MIDNIGHT PASS ROAD P.O. BOX 40010

SARASOTA FL 34242 City-State-Zip: OTTAWA ONTARIO KISOW 8 City-State-Zip:

Title DIRECTOR, VP, SECRETARY **DIRECTOR** Title

MUGLER, SHIRAR Name Name PEDDICORD, ANGIE

Address 6020 MIDNIGHT PASS ROAD Address 6020 MIDNIGHT PASS ROAD

SARASOTA FL 34242 City-State-Zip: City-State-Zip: SARASOTA FL 34242

Title DIRECTOR

FOLEY, KRIS 6020 MIDNIGHT PASS ROAD Address

City-State-Zip: SARASOTA FL 34242

Name

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.

05/01/2022 SIGNATURE: SHIRAR MUGLER **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 01, 2022

Secretary of State

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