

**2023 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

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DONNELLY, THOMAS
Address	2496 BANK STREET P.O. BOX 40010
City-State-Zip:	OTTAWA ONTARIO KISOW 8

Title	DIRECTOR
Name	PEDDICORD, ANGIE
Address	6020 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	FOLEY, KRIS
Address	6020 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	TREASURER, DIRECTOR
Name	HONSBERGER, LYNN J.
Address	6020 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR, VP, SECRETARY
Name	MUGLER, SHIRAR
Address	6020 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

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.

**SIGNATURE:** THOMAS DONNELLY

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date