

**2020 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:**

TAKACS, GARY J.  
6344 ROOSEVELT BLVD.  
CLEARWATER, FL 33760 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:** GARY J. TAKACS

05/15/2020

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            VICE PRESIDENT AND TREASURER  
Name            TAKACS, GARY J.  
Address        2667 SPYGLASS DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title            SECRETARY  
Name            NICHOLSON, LESLIE  
Address        33 YORK STREET  
City-State-Zip: LEXINGTON MA 02172

Title            DIRECTOR  
Name            MUGLER, SHIRAR  
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

*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:** KRIS FOLEY

**DIRECTOR**

05/15/2020

Electronic Signature of Signing Officer/Director Detail

Date