


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 9:47

**DOCUMENT # 705626 (0)**

1. Corporation Name  
**ALOHA KAI ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**6020 MIDNIGHT PASS ROAD SARASOTA FL 34242**      **6020 MIDNIGHT PASS ROAD SARASOTA FL 34242**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Country      29 Zip      30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/20/1963**      **01/24/1994**

4. FEI Number      Applied For / Not Applicable  
**59-1035832**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**BALL RUTH A  
7425 BOUNTY DR  
SARASOTA, FL  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>SD</del>	1.1 TITLE	<del>T/O</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDERSON, RUSSELL</b>	1.2 NAME	
STREET ADDRESS	<b>4558 DEER CREEK BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	1.4 CITY-ST-ZIP	<b>34238</b>
TITLE	<del>VD</del>	2.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMID, JAMES A</b>	2.2 NAME	<b>CHRISTINE SCHEFFERT</b>
STREET ADDRESS	<b>22045 AGATE BEACH RD</b>	2.3 STREET ADDRESS	<b>888 BLVD. OF THE ARTS #1002</b>
CITY-ST-ZIP	<b>ST CLOUD MN</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>
TITLE	<del>TD</del>	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULL, WILLIAM</b>	3.2 NAME	<b>JON D. CHADWICK</b>
STREET ADDRESS	<b>6020 MIDNIGHT PASS RD</b>	3.3 STREET ADDRESS	<b>6455 Mc KOWN RD</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>	3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34240</b>
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARJORIE ALLISON</b>	4.2 NAME	
STREET ADDRESS	<b>5728 ANTIBES ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	<b>34233</b>
TITLE	<b>PD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALL, RUTH A.</b>	5.2 NAME	
STREET ADDRESS	<b>7425 BOUNTY DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell J. Pederson      **RUSSELL J. PEDERSON**      4-3-95      813-344-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**OK 813-928-9040**