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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 705626 (0)
1. Corporation Name
ALOHA KAI ASSOCIATION, INC.



Principal Place of Business: 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242
Mailing Address: 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212

2. Principal Place of Business (21-24) and 2b. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 05/20/1963
3a. Date of Last Report: 04/18/1996
4. FEI Number: 59-1035832
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, 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: CHADWICK, JON D
82 Street Address (P.O. Box Number is Not Acceptable): 6455 MCKOWN RD
83 City: SARASOTA FL 85 Zip Code: 34242

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: Jon D. Chadwick, Pres DATE: 4/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	PEDERSON, RUSSELL	1.2 NAME	
STREET ADDRESS	4558 DEER CREEK BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	SCHEFFERT, CHRISTINE	2.2 NAME	
STREET ADDRESS	888 BLVD. OF THE ARTS, #1002	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	PD
NAME	CHADWICK, JON D	3.2 NAME	
STREET ADDRESS	6455 MCKOWN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	MARJORIE ALLISON	4.2 NAME	BARBARA J. NEWCOMER
STREET ADDRESS	6728 ANTIBES ST	4.3 STREET ADDRESS	3850 WEBBER ST.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	PD	5.1 TITLE	VD
NAME	BALL, RUTH A.	5.2 NAME	HILDE W. SMITH
STREET ADDRESS	7425 BOUNTY DRIVE	5.3 STREET ADDRESS	6 MAGNOLIA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231	5.4 CITY-ST-ZIP	ENGLEWOOD, OH 45322
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)