



FILED

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		Apr 14 1997 8:00am Secretary of State	
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				2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1963	
21. Suite, Apt. #, etc.				26. Suite, Apt. #, etc.		3a. Date of Last Report 04/18/1996	
22. City & State				27. City & State		4. FEI Number 59-1035832	
23. Zip				28. Zip		5. Certificate of Status Desired	
24. Country				29. Country		6. Election Campaign Financing Trust Fund Contribution	
25. Country				30. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
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			
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.				81. Name CHADWICK, JON D			
SIGNATURE Jon D. Chadwick				82. Street Address (P.O. Box Number is Not Acceptable) 6455 MCKOWN RD			
				83. City SARASOTA			
				84. Zip Code FL 34242			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE TD NAME PEDERSON, RUSSELL STREET ADDRESS 4558 DEER CREEK BLVD CITY-ST-ZIP SARASOTA, FL 34232				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2. TITLE SD NAME SCHEFFERT, CHRISTINE STREET ADDRESS 888 BLVD. OF THE ARTS, #1002 CITY-ST-ZIP SARASOTA FL				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3. TITLE VD NAME CHADWICK, JON D STREET ADDRESS 6455 MCKOWN RD CITY-ST-ZIP SARASOTA, FL 34242				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4. TITLE VD NAME MARJORIE ALLISON STREET ADDRESS 5728 ANTIBES ST CITY-ST-ZIP SARASOTA FL				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5. TITLE PD NAME BALL, RUTH A. STREET ADDRESS 7425 BOUNTY DRIVE CITY-ST-ZIP SARASOTA, FL 34231				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

CR2E037 (9/96)

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.