

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified: 05/20/1963  
4. FEI Number: 59-1035832  
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
SCHEFFERT, CHRISTINE F  
888 BLVD. OF ARTS #1002  
SARSOTA FL 34236

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEDERSON, RUSSELL	
STREET ADDRESS	4558 DEER CREEK BLVD	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHEFFERT, CHRISTINE	
STREET ADDRESS	888 BLVD. OF THE ARTS, #1002	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHADWICK, JON D	
STREET ADDRESS	6455 MCKOWN RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWCOMER, BARBARA	
STREET ADDRESS	3850 WEBBER ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, HILDE W	
STREET ADDRESS	6 MAGNOLIA DR	
CITY-ST-ZIP	ENGLEWOOD OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V, AS, AT, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELSHOUT, E. PETER	
3.3 STREET ADDRESS	50 HILLTOP DR	
3.4 CITY-ST-ZIP	TRUMBULL, CT. 06611	
4.1 TITLE	V, AS, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LaGoria, Earl	
4.3 STREET ADDRESS	4680 Pinehaven Dr	
4.4 CITY-ST-ZIP	Saginaw, MI 48603-4647	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: *Christine Scheffert* Christine Scheffert

CR2E037 (10/97)