


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 047 ****70.00

DOCUMENT # 705626
 1. Entity 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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1035832

Applied For
 Not Applicable

Zip Country Zip Country

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

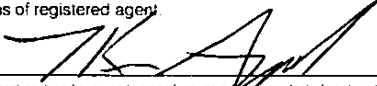
6. Name and Address of Current Registered Agent

SCHEFFERT, CHRISTINE
888 BLVD
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name **Kevin Appold**
 Street Address (P.O. Box Number is Not Acceptable)
7465 Paurotis Ct
 City **Sarasota** FL Zip Code **34241**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **1-10-07**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHEFFERT, CHRISTINE	
STREET ADDRESS	888 BLVD OF ARTS #1204	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NORTHCRAFT, NEVA	
STREET ADDRESS	2912 MCKIMM AVE NE	
CITY-ST-ZIP	LOUISVILLE, OH 44641	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREUND, WILLIAM	
STREET ADDRESS	25 BUXTON ROAD	
CITY-ST-ZIP	CHATHAM, NJ 07928	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHASE, BARBARA	
STREET ADDRESS	1151 COQUILLE STREET	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIPPEE, DOUGLAS	
STREET ADDRESS	50 CROWN ST	
CITY-ST-ZIP	ST. JOHN, C nbe26 2x6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Appold	
STREET ADDRESS	7465 Paurotis Ct	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reid Kagihara	
STREET ADDRESS	7465 Paurotis Ct.	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Iloria	
STREET ADDRESS	6049 Marella Ct	
CITY-ST-ZIP	Sarasota FL 34243	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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