


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90056 022 ****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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1035832 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLER, DAVID G
 % BECKER & POLIAKOFF, P.A.
 630 S. ORANGE AVENUE, SUITE 300
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPOLD, KEVIN	NAME	<i>Secretary</i>
STREET ADDRESS	7465 PAUROTIS CT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAGIHARA, REID	NAME	VP ANTHONY TUFILLARD
STREET ADDRESS	7465 PAUROTIS CT	STREET ADDRESS	153 Bramble Ct
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	Williamsville NY 14221
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP FREUND, WILLIAM	NAME	Treasurer
STREET ADDRESS	25 BUXTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHATHAM, NJ 07928	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CHASE, BARBARA	NAME	
STREET ADDRESS	1151 COQUILLE STREET	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP SHIPPEE, DOUGLAS	NAME	
STREET ADDRESS	50 CROWN ST	STREET ADDRESS	
CITY-ST-ZIP	ST. JOHN, C nbe26 2x6	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LORNA, MICHAEL	NAME	Ilaria
STREET ADDRESS	6049 MARELLA CT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	

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: *Michael Lorna Chairman* **1/17/08** **941-349-5410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #