

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705626

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ALOHA KAI ASSOCIATION, INC.

**Current Principal Place of Business:**

6020 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

6020 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 59-1035832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, PA  
ATTN: DAVID G. MULLER  
630 S. ORANGE AVENUE, SUITE 300  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: APPOLD, KEVIN  
Address: 7465 PAUROTIS CT  
City-St-Zip: SARASOTA, FL 34241

Title: VP ( ) Delete  
Name: TUFILLARD, ANTHONY  
Address: 153 BRAMBLE CT  
City-St-Zip: BUFFALO, NY 14221

Title: T ( ) Delete  
Name: FREUND, WILLIAM  
Address: 25 BUXTON ROAD  
City-St-Zip: CHATHAM, NJ 07928

Title: VP ( ) Delete  
Name: SHIPPEE, DOUGLAS  
Address: 50 CROWN ST  
City-St-Zip: ST. JOHN, C NBE26 2X6

Title: P ( ) Delete  
Name: ILARIA, MICHAEL  
Address: 6049 MARELLA CT  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ILARIA

P

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date