2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705626

FILED Jan 06, 2011 Secretary of State

Entity Name: ALOHA KAI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242

Current Mailing Address: New Mailing Address:

6020 MIDNIGHT PASS ROAD SARASOTA, FL 34242

FEI Number: 59-1035832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BECKER & POLIAKOFF, PA 6230 UNIVERSITY PARKWAY, SUITE 204 SARASOTA, FL 34240 US

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:

 Name:
 APPOLD, KEVIN

 Address:
 7465 PAUROTIS CT

 City-St-Zip:
 SARASOTA, FL 34241

Title: VP

Name: TUFILLARD, ANTHONY Address: 153 BRAMBLE CT City-St-Zip: BUFFALO, NY 14221

Title:

Name: MORELAND, LORI

Address: 116 MARY'S CHAPEL CIRDLE

City-St-Zip: OSPREY, FL 34229

Title: F

 Name:
 SHIPPEE, DOUGLAS

 Address:
 50 CROWN ST

 City-St-Zip:
 ST. JOHN, C NBE26 2X6

Title: VP

Name: ROSE, WILLIAM

Address: 3271 ALEX FINDLAY PLACE City-St-Zip: SARASOTA, FL 34240

Title: MAN

Name: SIMMONS, DELILAH

Address: 6020 MIDNIGHT PASS ROAD # 58

City-St-Zip: SARASOTA, FL 34242

I hereby 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 all other like empowered.

SIGNATURE: DELILAH SIMMONS, MANAGER MAN 01/06/2011