

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705626

FILED
Jan 19, 2012
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 (X)

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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
Name: ELKO, NEVA
Address: 2912 MCKIMM AVENUE, N.E.
City-St-Zip: LOUISVILLE, OH 44641

Title: VP
Name: HAEVERS, SCOTT
Address: 1112 RAVINIA DRIVE
City-St-Zip: GURNEE, IL 6003

Title: T
Name: ROSE, WILLIAM
Address: 1278 ROCK VALLEY DRIVE
City-St-Zip: ROCHESTER, MI 48307

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

Title: P
Name: MARTIN, RICHARD P
Address: 3603 DARROW ROAD
City-St-Zip: STOW, OH 4422

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

01/19/2012

Electronic Signature of Signing Officer or Director

Date