
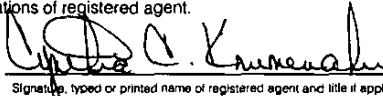

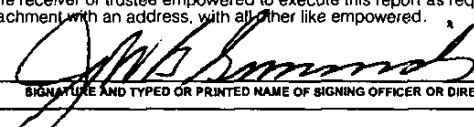


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90053 021 ****61.25

DOCUMENT # 709515 1. Entity Name ALOHA, INC., A CONDOMINIUM ASSOCIATION					
Principal Place of Business 1329 TARPON CENTER 2 VENICE, FL 34285 US			Mailing Address 1329 TARPON CENTER 2 VENICE, FL 34285 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address ANTARES GROUP, Inc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4195 S. TAMiami TL, PMB #173			
City & State		City & State VENICE, FL			
Zip	Country	Zip 34293	Country USA	4. FEI Number 59-1320449	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONDS, JOHN 1329 TARPON CENTER VENICE, FL 34285			7. Name and Address of New Registered Agent Name ANTARES GROUP, Inc. Street Address (P.O. Box Number is Not Acceptable) 4195 S. TAMiami TL PMB #173 City VENICE FL Zip Code 34293		
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 		SIGNATURE 		DATE 03.13.07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONDS, JOHN 1329 TARPON CENTER VENICE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOEHRIK, JENNIFER 613 W. VENICE AVE VENICE, FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, SAM 903 CHERRY HILL DRIVE PRESTO, PA 15142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWCOMB, WILLIAM 347 SURF RD OCEAN CITY, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEHRIK, RICK 613 W. VENICE AVE VENICE, FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVICKA, JOHN 1715 MAIN STREET PENINSULA, OH 44264	<input type="checkbox"/> Delete			
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 03.16.07 Daytime Phone # 941-484-1900					