

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709515

FILED
Feb 20, 2009
Secretary of State

Entity Name: ALOHA, INC., A CONDOMINIUM ASSOCIATION

Current Principal Place of Business:

1329 TARPON CENTER
2
VENICE, FL 34285 US

New Principal Place of Business:

1329 TARPON CENTER DR.
2
VENICE, FL 34285 US

Current Mailing Address:

ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB 193
VENICE, FL 34293 US

New Mailing Address:

ANTARES GROUP, INC.
4195 S. TAMIAMI TR., PMB 173
VENICE, FL 34293 US

FEI Number: 59-1320449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTARES GROUP, INC.
4195 S. TAMIAMI TR.
PMB 173
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ANTARES GROUP, INC.
4195 S. TAMIAMI TR.
PMB #173
VENICE, FL 34293 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: CYNTHIA A. KRUMENAKER

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONDS, JOHN
Address: 1329 TARPON CENTER
City-St-Zip: VENICE, FL

Title: VD () Delete
Name: LOEHRIG, JENNIFER
Address: 613 W. VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: STD () Delete
Name: MILLER, SAM
Address: 903 CHERRY HILL DRIVE
City-St-Zip: PRESTO, PA 15142

Title: D () Delete
Name: NEWCOMB, WILLIAM
Address: 347 SURF RD
City-St-Zip: OCEAN CITY, NJ

Title: D () Delete
Name: LOEHRIG, RICK
Address: 613 W. VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: LAVICKA, JOHN
Address: 1715 MAIN STREET
City-St-Zip: PENINSULA, OH 44264

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:

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: CYNTHIA A. KRUMENAKER

MGR

02/20/2009

Electronic Signature of Signing Officer or Director

Date