

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709515

FILED
Feb 16, 2010
Secretary of State

Entity Name: ALOHA, INC., A CONDOMINIUM ASSOCIATION

Current Principal Place of Business:

1329 TARPON CENTER DR.
2
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

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: PD
Name: SIMMONDS, JOHN
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: VD
Name: LOEHRIG, JENNIFER
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: STD
Name: MILLER, SAM
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: D
Name: NEWCOMB, WILLIAM
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: D
Name: LOEHRIG, RICK
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: D
Name: LAVICKA, JOHN
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

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: CYNTHIA A. KRUMENAKER

MGR

02/16/2010

Electronic Signature of Signing Officer or Director

Date