

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 721720

1. Entity Name
HALEKULANI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**255 2ND AVENUE SOUTH
NAPLES, FL 34102**

Mailing Address
**745 12TH AVE., S.
SUITE AA
NAPLES, FL 34102**



2. Principal Place of Business

3. Mailing Address

01262005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1420416

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE PROPERTY MGMT
745 12TH AVE SOUTH SUITE D
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAHONEY, SHELIA**
STREET ADDRESS **255 2ND AVE SOUTH B2**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **TD** ☐ Delete
NAME **WALKER, MILDRED**
STREET ADDRESS **255 2ND AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☐ Delete
NAME **SPAISER, BEN**
STREET ADDRESS **255 2ND AVENUE SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **PRES** ☐ Delete
NAME **BORON, DONALD**
STREET ADDRESS **255 2ND AVE S#A1**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☐ Delete
NAME **BACCHI, RUSSELL**
STREET ADDRESS **255 2ND AVE S #B3**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **000000330805
04/25/05-80178-007 61.25**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

4/18/05 239-262-5051